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ABSTRACT

This segment of a series of studies to ascertain the degree to which visually impaired persons use the Library of Congress National Library Service for the blind and physically handicapped (NLS) assesses the reading limitations of institutional residents and provides a basis for estimating the potential demand for print alternatives among such persons. It also presents a more general analysis of institutional settings which describes how institutional priorities, staff availability, space, services, and the design of settings influence the use of print alternatives. Chapters detail the methodology and background of the study, the nature of reading in institutional settings, the possession and use of the NLS services, implications of the findings, and the study's conclusions. A bibliography cites more than 80 sources, tables illustrate the data gathered, and appendices provide information on the survey sample, an example of a reading service record keeping system, and an index to case studies and personal profiles. (FM)

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THE ROLE OF HEALTH CARE INSTITUTIONS IN SATISFYING THE READING NEEDS OF RESIDENTS WITH PRINT LIMITATIONS

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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Volume 3

From the series "A Survey to Determine the Extent of the Eligible User Population Not Currently Being Served or Not Aware of the Programs of the Library of Congress, National Library Service for the Blind and Physically Handicapped," Volumes 1-5.

Prepared for the National Library Service.

Marvin Berkowitz, Lorraine G. Hiatt, Pamela deToledo, John Shapiro, Margery Lurie

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The study was conceived in response to the need voiced by concerned individuals at many levels for documented data on the prevalence and characteristics of persons eligible for the alternative reading services provided by the NLS. The NLS, which is administered by the Library of Congress, enthusiastically sought monies to research this issue. We wish to acknowledge the continual support throughout our contract of Mr. Frank Kurt Cylke, Director of the NLS, and especially Mr. Richard Evensen, our project liaison officer at the NLS. Their careful review of the entire study process and the various drafts of this manuscript has resulted in what we hope will be a more useful report.

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CHAPTER 1

INTRODUCTION

SCOPE OF THE STUDY

Approximately two million people on any given day reside in the United States' 30,000 institutions. A large number of these individuals, estimated at over 25%, have limitations affecting their ability to read regular print materials. Their reading disabilities may influence their lifestyle and independence, often compounding other conditions of physical or psychosocial well-being.

This study assesses the reading limitations of institutional residents and provides a basis for estimating the potential demand for print alternatives among such persons. The study also provides a more general analysis of institutional settings, which is intended to describe how institutional priorities, staff availability, space, services and the design of settings influence the use of print alternatives.*

The main research questions were:

1. What are the characteristics and capacities of institutional residents who use print alternatives or who might use such materials?
2. What are the numbers and characteristics of institutions that currently provide print alternatives for their residents? How do these institutions compare with others that do not provide print alternatives?
3. What institutional obstacles must be overcome in order to extend special reading services?

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*In the following pages, the terms "print alternatives" and "special reading services" are used to refer to large print, braille, and recorded books and magazines.

4. What are the implications of the findings for the National Library Service for the Blind and Physically Handicapped (NLS) and for the regional and local or subregional libraries which prepare and distribute large print, recorded and braille materials? This service is commonly referred to as the Talking Book and Braille Program.*

Methods

We used two sources of data in this study; mail questionnaires and field visits. The mail survey was directed to staff in 4,000 randomly selected U.S. health care institutions, including nursing homes, hospitals and special schools.** Responses were received from 1,660 institutions (42% of the sample), covering about a quarter-million persons.*** The cross-section of institutions responding was found to be representative of the national distribution of institutions by type.

The field work involved one-day visits to a representative sample of 48 institutions in seven geographically dispersed states. Information was obtained both by direct observation and from guided and unstructured interviews with staff and residents. (See Volume 4 for further details on the overall methodology, and the Appendix to this volume for a detailed description of the sample.)

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*The NLS is the federal agency which coordinates the network of public and state supported libraries that distribute materials prepared or purchased by the central federal unit. At the time of this study, the federal unit did not provide large print materials; these were made available through local funds. See Volume 4 for a discussion of NLS services and trends.

**Nursing homes were selected from the Master Facility Inventory (National Center for Health Statistics, 1975); hospitals were selected from the Directory of U.S. Hospitals, 1977 (American Hospital Association, 1978).

***Response rate calculated on the base number of operational facilities, i.e., those listed in the Master Facility Inventory which are still functioning.

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UNDERSTANDING U.S. INSTITUTIONS AND THEIR OPERATION

Institutions providing health care may be envisioned along a continuum. At one end of the continuum, there are those which, like most hospitals, provide intensive medical or acute care services. At the opposite end, there are institutions providing shelter and personal housekeeping assistance, but minimal medical or nursing care; most institutions for the aged and disabled tend to fall at this end of the spectrum. In recent years, special schools for people with disabilities have begun providing more health services, often because of the needs of multiply disabled students. This shift reflects the increased "mainstreaming" of students, capable of integration into regular public schools and the assignment of children with more severe or multiple impairments to the special schools.

The public's image of hospitals is clearer and generally more accurate than its view of other institutions. Negative stereotypes of non-hospital, institutional life are fairly prevalent. Professionals often share the general public's perceptions, with particularly unfortunate consequences. For example, some professionals may overlook the value of providing special services, such as reading, which might enrich the lives of residents, because of their uneasiness in institutional settings or the profound needs of some of the residents.

A local librarian shared her feelings on this topic:

> *How can people live in this place? I don't want this for myself or my family. It is too bad that people must work here. Why aren't these people at home with their families? How can we begin to think of library programs in places with so many serious needs?**

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*Quoted from an informal discussion with a local librarian who was also visiting a nursing home during one of our field visits. The home did not have a particularly poor record of care nor did it appear to be negligent in its services.

We do not dispute the existence of problems in institutions. Goffman's Asylums (1961) and Townsend's Old Age the Last Segregation are but two of the many documentaries describing the lack of environmental stimulation and the potential for physical, psychological and financial abuse in institutions. There have also been government studies documenting financial and policy inadequacies leading to poor care in the non-hospital facilities (see: U.S. Subcommittee on Long-Term Care, 1974 and U.S. House of Representatives, 1977).

Unfortunately, the infrequent observer of institutional life, such as a community librarian, volunteer, or visiting researcher cannot discriminate accurately between good and poor care on the basis of one visit, because these characteristics frequently extend beyond the physical attributes of the institution, embracing such factors as staff attitudes and institutional philosophies of care. Consequently, the public may become unnecessarily pessimistic about the opportunities for creatively working with the residents--based on features of the building; or, they may become overly enthusiastic through contact with staff and not accurately see that reported philosophies are not carried through. Sometimes, for example, nursing homes are inappropriately judged to be more effective if they have the hygenic, efficient appearance of hospitals (Lawton, 1968). Similarly, it is easy to be favorably impressed by a schedule of social activities until one learns that these are not reaching the majority of patients or residents. Sometimes, detailed written reports of care appearing in the charts or files cannot be corroborated through observations of actual practices (U.S. Subcommittee on Long-Term Care, 1974).

Overtly positive or negative indications of the quality of institutional life cannot be ignored, yet such outward appearances should not obscure the fact that individuals may reside in these facilities who are socially entitled

Table 1-1

Selected Facts on U.S. Institutions: Long-Term Care Facilities and Hospitals

TOPIC	LONG-TERM CARE FACILITIES	HOSPITALS
NUMBERS	24,000	7,000
SIZE	99 beds, on the average 75% have fewer than 99 beds 1% have more than 350 beds	200 beds, average
SPONSORSHIP		
-Proprietary	53%	12%
-Voluntary	39%	50%
-Governmental	8%	38%
SERVICES	93% bathing, dressing, dining 90% activities program 26% social work 14% physical therapy/speech therapy 12% occupational therapy	75% emergency 67% physical therapy 50% social work 40% volunteer services 25% occupational therapy 22% radium therapy 10% renal dialysis 10% rehabilitation
STAFF	66 full- and part-time employees per 100 residents, average	269 full- and part-time employees per 100 patients, average
TYPES OF STAFF	Predominantly unlicensed nursing assistants, kitchen workers, housekeeping and maintenance; 7% Registered Nurses; 8% Licensed Practical Nurses; 50% have one part-time physician, psychologist or psychiatrist on staff.	25% licensed nursing staff 71 R.N.'s and 33.5 L.P.N.'s per institution; 7.6 physicians per hospital, on the average.
STAFF TRAINING	Other than that required for licensed staff, most staff receive only on-the job training	Required
STAFF TURN-OVER	100% per year	Less than 30% per year

Table 1-1

Selected Facts on U.S. Institutions (continued)

TOPIC	LONG-TERM CARE FACILITIES	HOSPITALS
FINANCIAL ASSISTANCE	90% of the residents receive some government or family assistance 44% Medicaid 35% Social Security 25% Family	Majority receive 3rd party assistance
OCCUPANCY	90% have 3/4 of their beds filled	76% average
REASONS FOR ADMISSIONS	83% physical or mental health 17% education, training or family conditions	
VISION	49% have insufficient vision to read ordinary newspaper print regardless of prescription lenses	Comparable data not available
LENGTH OF STAY	3 years average; 33% will have been in the facility for less than 1 year at anytime; and 33% for 1-4 years 33% for 5 or more years	7.7 days for all patients; 11.0 days for all elderly
ETHNICITY	91% whites (nationally whites have a longer life span by five years on average than non-whites)	
FAMILY	90% do have living next-of-kin	

Sources: United States Department of Commerce, Bureau of the Census, Current Population Reports, Survey of Institutional Persons: A Study of Persons Receiving Long-Term Care, Washington, D.C.: 1978.
The American Hospital Association, Hospital Statistics (Chicago: AHA, 1977, 1978)
Frank Moss, "The Future of Nursing Homes in America," Journal of the Institute for Social Economic Studies. Vol.3, 1978: 28-38.

Table 1-2

Selected Characteristics of Schools Which Are Licensed as Long-Term Care or Health Institutions*

TOPIC	SCHOOLS FOR DEAF AND/OR BLIND STUDENTS	SCHOOLS FOR PHYSICALLY HANDICAPPED STUDENTS
NUMBERS		
-Schools	167	65
-Capacity (No. Beds)	24,321	4,812
-Number of Students	21,610	4,021
-Average Students/School		
Less than 75 students	82%	50%
75 or more students	85%	15%
-Average Bed Capacity	146	74
SPONSORSHIP		
-Proprietary	8%	25%
-Voluntary	41%	52%
-Government	51%	23%
FULL-TIME EMPLOYEES	14,876	4,439
OCCUPANCY RATES	89%	84%

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*National Center for Health Statistics, Inpatient Health Facilities as Reported From the 1973 MFI Survey, Vital and Health Statistics, Series 14, No. 16, U.S. Department of Health, Education and Welfare (Washington, DC: U.S. Government Printing Office, 1976), p. 49. Typically, these schools are licensed to offer some health care in an infirmary section. Not all students, however, are live-in residents.

to services such as special reading programs like Talking Books.*

Types of Institutions

Institutions commonly referred to as "nursing homes" vary greatly in terms of the type and amount of nursing care provided. Many institutions have no physicians in attendance--and are not required to do so. In others, medical care is typically provided by the individual's personal physician. Physical examinations are generally conducted annually (and often do not include any vision examination); getting physicians to make these required exams is a continuing problem (U.S. Subcommittee on Long-Term Care, 1974). The capabilities of people found in nursing homes may vary widely: fairly self-reliant people are often housed with those requiring more extensive daily care. Or, people requiring heavier care may be placed in homes which do not have professionally trained and/or licensed nursing staff.

Chart I identifies a wide range of types of institutions, listing them on a continuum from "highest" to "lowest" in terms of the intensity of health care services. This chart is intended merely as a guide, and does not reflect the full complexity of institutional terminology or local variations in practice. Furthermore, the full range of facility types does not exist within most communities or their surrounding regions. These gaps in the levels of care lead institutions to license sections of their facilities for different types of services. As a result, it may be difficult to predict the programs and staffing available to a single patient or resident without specific information on a

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*Some of the objectionable aspects of institutions are not regulated and therefore perpetually go unchanged. Such institution-wide practices may subtly and negatively influence judgments about the liklihood of individual interest in special services such as reading: physical appearance of patients/residents; grooming and attire; reliance on psychoactive drugs and body restraints as the primary means of managing behavior; provision of special places for activities or reading; lighting for tasks such as close-work or reading; and, the amount and type of training provided to nursing assistants or the direct care providers.

Table 1-3

Continuum of Institutional Health Care

LEVEL OF CARE	TYPE OF INSTITUTION	BRIEF DESCRIPTION
High	Acute Care Hospital Rehabilitation Hospital	Diagnosis, Medical Supervision, Surgery (see above + Therapy Emphasis)
Moderately High	Hospice	Care for Terminally Ill Cancer Patient
	Skilled Nursing Facility (also: SNF, Convalescent Home, Rest Home)	Registered Nurse 24 hours/day; about 2.5 hrs/patient day of nursing care; all meals; housekeeping; activities
Moderate	Intermediate Care (also: Nursing Home, Rest Home, ICF)	Licensed Practical Nurse (requirements vary) supervises; about 1.5 hours/patient day of nursing care
Moderate-Low	Homes for the Aged (also: Adult Homes; Personal Care Homes)	Meals; housekeeping; personal assistance, may be a nursing staff available (not generally required)
	Congregate Care Apartments	Apartment residences with central meals available or accessible; may be emergency or coordinating staff available
	Apartments for Disabled	Like Congregate Care Apartments; typically more architecturally accessible
Very Low	Specially Built Apartments (also: Apartments for Elderly; High Rise for Elderly; Garden Apartments; Retirement Housing)	Apartment residences, typically age and often income prerequisites; may include government rent support for some or all apartments; may be no meal service
	Group Homes	Smaller residences for adults and/or children; emphasis on minimal staff intervention in adult residences

Notes: Most schools for the blind are licensed with an infirmary at Intermediate Care. Multi-Level Care refers to a campus of facilities and services offering two or more levels and typically including apartments. The term Level of Care typically translates to the amount of staffing required; it does not refer to quality of the services offered. Not all communities have all of these levels available.

facility's operation. (See U.S. Department of Commerce, Bureau of the Census, 1978.)

Another source of variation that is particularly relevant for expanding the potential of programs like the NLS stems from the divergent staff views on the rehabilitation potential of residents or patients. Through field visits, we encountered people with a particular set of diagnoses who were viewed by staff as having potential for improvement; these people were engaged in a therapeutic regimen, involving a specific set of activities. Yet, in other facilities, people with the same diagnoses were heavily sedated and confined to beds or chairs, or gathered in large groups for no particular purpose other than being out of bed. Such contrasts were observed among facilities which held the same type of certification in the same states.

In a few cases, even within a single institution, staff differed in their judgments of the rehabilitation or reading potential of specific individuals.

Despite such inconsistencies, a necessary step for community librarians or volunteers to take in order to impact services such as reading will include becoming more familiar with the people, staff, and available facility resources. (The Appendix for this report includes a series of case study descriptions of various types of institutions, indexed according to illustrative points raised. In addition, profiles of several readers and non-readers are provided.)

Terminology Adopted for This Report

For the purposes of this report, we have classified institutions into three groups: hospitals, long-term care settings and schools. These categories are based on the organization's licensure. Facilities listed as "schools" are actually a subset of long-term care settings and appear in the MFI directory of health institutions. Daily living in each of these facility types varies with the overall goals and purposes of the organization.

Throughout the text, the term "patients" is typically used as a referent to people receiving hospital care, while the term "residents" is used for those in long-term care institutions. (Brody, 1970, offers a strong argument for distinguishing between these.)

Daily Living and Institutional Life

Long-Term Care Settings- Six a.m. is typically the beginning of a resident's day in a nursing home or long-term care setting. Since one staff shift generally leaves and other arrives at seven a.m., this allows morning services, associated with awakening, hygiene, dressing and breakfast to be shared between two groups of staff. Daily institutional life is typically organized around the delivery of services and staff supervision schedules. The individual resident has little control over when "free-time" will occur. In a nursing home, one aide may be responsible for providing daytime services to a group of ten or twelve people, which include sponge bathing, grooming, dressing, attending to toileting, feeding and serving food. It is fairly standard for the majority of people to get up from bed at least part of the day--even if only to be confined to a chair in the room or hall. These routines by themselves are formidable accomplishments for staff let alone attending to special requests for transporting residents (about half of those in nursing homes are in wheelchairs), caring for dying people, moving patients in and out, visiting, or going outside. (Nursing assistants generally have only on-the-job training and work at about minimum wages.)

Weekly routines typically include: full showers, religious services and bingo games. Monthly events may include physician visits, birthday parties and visits from outside entertainers.

But, while staff demands are heavy, residents have proportionately little "planned" time; waiting precedes and follows nearly every event or service. Much of this waiting time is spent in front of a television or with clutches of other people--perhaps gathered informally in front of a nursing station or in a lounge visible to staff.

The licensed supervisor, typcially a nurse, spends some time assigning duties and schedules to staff, administering medications, coordinating physicans' or consultants' services and responding to families. The paperwork filed on each service offered (from temperatures to intakes, outputs and activities) is extensive and time-consuming. With an average of 40 to 60 patients per nurse, there is little actual time for personal care during daytime shifts. This situation is no better in the afternoon and nighttime shifts, when facilities generally have significantly fewer staff, further limiting the amount of one-to-one attention that can be provided.

Institutional life is further organized by ancillary services: daily housekeeping, mail delivery, monthly beautician care, linen changes and meal services are interspersed with nursing procedures and divert residents' attention from self-initiated leisure activities. Formal recreational activities are often fit in between the other basic care procedures which typically have priority for staff and resident or patient time.

The layout of the unit and the location of bedrooms in relation to communally shared areas also affect the course of daily rituals. Often one central room serves dining and large group activities, and sometimes as many as half of the residents require staff guidance in getting to central areas. The process of gathering people is time-consuming; even some of those people who are mobile may not be sufficiently oriented to find their own way.* Then, too, these central areas are often dominated by television and conversation, and although they may hold a collection of reading materials, distractions are customary. Central dining and recreational activities areas are more habitually used by the independently mobile, self-reliant and alert residents.

From the standpoint of the nursing home, success is defined as being up-to-date with the paper work, having a full staff for each successive shift, keeping people safe, warm and fed on time, avoiding toileting accidents and averting death. Pride in the home may result from the resident's length of stay, the clean and appropriate appearance of facilities and people, and an established record of compliance with the regulatory agencies. As yet, rate of discharge to the community is not a widely adopted measure of success and rehabilitation is more of an unanticipated by-product than a central focus of care (Kane and Kane, 1978).

Hospitals- Hospitals typically offer a greater variety of health services, which are provided by more and better trained staff. However, hospitals generally have fewer social and recreational activities. The patients most likely to have free time are typically not receiving acute health care services, though they may be in later stages of recovery, awaiting discharge, or involved in continuing care such as dialysis or metabolism programs.

The ward and facility designs are fairly similar to the newer nursing homes; however, patients typically eat in bedrooms. Communal areas are often minimal or used only for visiting. The hospital gauges its success by how quickly a specific health condition can be accurately diagnosed and improved, and how soon individuals are discharged. Paper work is more time-consuming and generally more extensive than it is in long-term care settings, but these requirements are generally handled by specially trained and assigned staff.

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*Most of the nursing care procedures are done in locations at some distance from the group activity areas; this may mean that residents will wait in their room or in front of the nurses station, rather than attend activities. It may also result in recreational activities being scheduled after most bed-baths or showers are completed, or after other procedures have been accomplished.

Schools- Schools have recently admitted a wider variety of students whose multiple impairments may lead to schedules where care and education/training are interspersed. School facilities are typically more varied than other institutions: cottages with their own dormitory, recreation rooms and small dining and living areas, classrooms and physical education facilities, and central dining buildings are common. Students may be more mobile, yet their daily lives also seem to be organized by others. Success is viewed in terms of the children's mastery of their conditions and by their educational achievements.

The Significant Differences Between Institutions and Households- Institutional life, particuarly in organizations which have 25 or more clients, is hardly comparable to one's own home life, despite the warmest manner of staff. It is often easier for staff to serve and to perpetuate dependency than it is to offer people choices or encourage self-reliance (Langer and Rodin, 1976).

Unlike family members, institutional staff may be less aware of an individual's former habits, interests and lifestyle, and, therefore, may not offer individualized recreation for each resident. In contrast to the seemingly flexible atmosphere of household life, the overwhelming impression one gets from visiting institutions is that the regimen and system of service takes precedence over the individual. Added to this, the social environment can often be characterized by sensory overload: so many caregivers, so many unpredictable encounters, so many changes.* It may be difficult for institutional residents to control and manage their time, to attend to personal hobbies or individually absorbing activities in such social environments.

The institutional setting may also offer a shorter day than might generally be associated with homelife schedules. Despite the prevalence of rest or nap times, residents and patients are often put to bed as early as 6:30 p.m., and usually no later than 8:00. Evening activities, other than television, are the exception. Several of the schools also had fairly restrictive evening hours and greater supervision regarding their enforcement than one might expect in a private home.

Reading and Institutional Life- In this context, reading requires special initiative (often not reinforced by the institution) on the part of the residents and is subject to the intrusions of regulated services which have staff priority. Even the physical premises may serve to discourage the reader: lighting in the bedrooms is generally inadequate and in the other areas it is typically insufficient for close work. For older people, the lighting problems are further aggravated by the widespread use of discomforting flourescent lights and the presence of distracting glare (Hiatt, 1978). Though fire safety and accessibility requirements are widely observed, even modest reading accommodations, such as a place to read, appropriate lighting and quiet are typically neither required nor provided.

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*With high rates of staff turn-over in long-term care settings, the mere process of being introduced and acclimating oneself to different people and work styles may be a demanding and time-consuming process for the residents.

RESIDENTS/PATIENTS WHO HAVE LIMITATIONS IN READING REGULAR PRINT

The majority of institutions surveyed and visited reported that a significant proportion of their population had chronic conditions which resulted in limitations in reading regular print.

In addition to the vision problems which affect substantial numbers of those in institutions, we found that most people also had two or more other impairments affecting their overall functioning. In the majority of cases, people who had difficulties with regular printed materials had multiple impairments which also impeded their use of Talking Books and braille.

This pattern of multiple impairment (also reported for the general household population in Volume 2 of this series) has significant implications for the Talking Book and braille services. It means that the programs must be designed to accommodate both the most common physical limitations interfering with print reading, as well as the compounding limitations affecting mobility, hearing and agility.

Some of the most pressing reading problems relate to the utilization of printed matter needed for basic tasks of living: bill paying, correspondence and interpreting documents, for example. Special reading services typically have not been oriented toward these basic reading needs for either household or institutional populations. And, although it may be assumed that the institutionalized have staff to assist them with reading, in practice, it is often difficult for them to obtain such assistance.

The limiting factors in reading or using print that were explored in this study include:

Table 1-4

Major Limitations of Persons Residing in U.S. Health Care Institutions

Limitation	Percent of Institutions Reporting Five or More Percent of Residents Have This Limitation**			
	All	Hospitals	Long-Term Care	Schools
Seeing Print *	60	36	68	59
Hearing Loss	58	43	64	41
Mental Deterioration *	78	66	84	16
Mobility Restrictions *	66	68	67	25
Stroke	59	58	61	9
Neurological Disorder	66	72	66	16
Other Severe Physical Condition	59	57	60	66
Sample Size	(1,305)	(310)	(963)	(32)

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* The exact wording of these items on the survey was: "Severe visual impairment; inability to read newspaper print, even with corrective lenses";"Mental deterioration associated with age, forgetful"; "Unable to be mobile without staff assistance."

** Due to multiple responses, percents add to more than 100%.

1. Seeing well enough to read regular print;
2. Holding a book or magazine;
3. Turning pages;
4. Sitting up to read;
5. Physical ability or endurance required to read comfortably for more than a few minutes duration; and
6. Understanding or comprehending, such as problems associated with learning disabilities.

Several compounding limitations which were thought to impede the reading process were also studied:

7. Hearing;
8. Mobility;
9. General health;
10. Other severe physical conditions.

Table 1-5 shows that the institutions studied reported about ten people, on the average, with limitations in seeing regular print and nine with limitations in manual dexterity and related physical abilities affecting their ability to turn pages.

Over 50% of the hospitals reported that some patients (at least 5%) had neurological disorders, mobility impairments and strokes; 36% of the hospitals estimated that they served patients with difficulties in seeing; and 43% served people with hearing losses. Nearly two-thirds of the long-term care facilities serve people with mental deterioration, mobility restrictions and losses in vision and hearing. Also prevalent among long-term care residences are people with neurological disorders and strokes. About 60% of the schools surveyed had students with problems in seeing; 66% had students with other severe physical conditions; and 41% served children

Table 1-5

Estimated Number of Persons in Health Care Institutions Who Have Severe Limitations in Reading Regular Print, Based on Staff Judgments*

Type of Institution	Number of Institutions Reporting (Sample Size)	Average Number of Residents With Limitations in Seeing Regular Print		Average Number of Residents With Limitations in Holding A Book Or Turning Pages	
		Percent Reporting	Mean Per Facility	Percent Reporting	Mean Per Facility
HOSPITALS	(81)	14	11	21	13
LONG-TERM CARE	(538)	67	8	77	9
SCHOOLS	(17)	19	67	2	11
ALL	(636)	100	10	100	9

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*Data are based on institutions reporting deposit collections (shared use machines); they do not include those institutions that have subscribers on only an individual basis.

with hearing losses. Less than 25% of the schools served people with mobility restrictions, mental deterioration, neurological disorders or strokes.

In addition, difficulties in sitting-up, low endurance and limited agility were observed for long-term care residents in the sites visited. Some data on institutions reporting shared use of machines (deposit collections) are presented in Table 1-5. These figures do not provide precise estimates of disability conditions and the number of people specifically meeting the eligibility criteria of the National Library Service, but they do suggest that there may be more demand for special reading in hospitals and schools among persons with physical limitations than among persons with difficulties seeing.*

INSTITUTIONAL GOALS AND RESPONSIBILITIES

During site visits, administrators were asked where reading falls in the schema of institutional priorities. The responses to this question varied only slightly; with the exception of principals of schools for the blind, most ranked reading as a low organizational priority. However, it may be possible to examine the institutional priorities and find a place for reading that reinforces more highly prized programs or objectives.

Institutional administrators are not typically involved with the direct care or service programs of institutions. Rather, they are generally fully absorbed with issues of cost containment, program and staffing requirements,

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*It would have been preferable to gather health information on a resident-by-resident basis, but costs of doing so were prohibitive. The U.S. Department of Commerce Survey of Institutionalized Persons (1978) is based on individually collected data and should be referred to for details on disability and health.

Table 1-6

Distribution and Importance of Institutional Goals by Type of Institution

	Percent of All Reporting Goals				Rank Order of Goals			
GOALS	All	Hospital	Long-Term Care	Schools	All	Hospital	Long-Term Care	Schools
Maintenance of Present Abilities	57	31	69	17	1	3	1	4
Maintenance of Self-Reliance	57	31	68	27	1	3	1	3
Return Home	49	68	44	47	2	1	2	2
Physical Rehabilitation	42	33	47	18	3	3	2	4
Mental Rehabilitation	34	22	39	23	4	4	3	3
Short-Term Acute Care	25	60	13	7	5	2	4	5
Education	13	13	10	58	6	5	4	1
Sample Size	(1,492)	(387)	(1,057)	(48)	(1,492)	(387)	(1,057)	(48)

paperwork and public relations. Financial survival is a major concern of top level management in many facilities. Competition for residents, patients and students is keen in all but the most rural areas of the United States. Given this situation, reading is unlikely to gain formal organizational support unless it does not detract from other (and legislated) responsibilities.

An analysis of institutional goals (Table 1-6) suggests that special reading programs like Talking Books, might be linked to services that "maintain present abilities" of long-term care residents. For schools, special reading is compatible with the educational goals; in hospitals, the goals of acute care may be less readily implemented through special reading. But, where rehabilitation is a priority, it may be integrated with those services. Since mental rehabilitation is not ranked highly among hospital staff, the value of special reading services as a source of mental stimulation may not attract the attention of many institutional administrators.

Primary goals stated by hospitals included: return of individuals to their own homes (66%) and short-term acute care (60%). Fewer than a third mentioned other goals like the maintenance of present capabilities and the development of self-reliance, physical rehabilitation, mental rehabilitation and education. (See Table 1-6 for a fuller account of institutional goals.)

Over two-thirds of the long-term care staff, responding to the mail questionnaire, listed "maintenance of present capabilities" as a primary goal of their organization; and 68% indicated that "self-reliance with minimal staff assistance" is an organizational priority. However, in long-term care institutions, the term "maintenance" has a particular significance which is based on the assumption that the older people they serve are continually declining in ability. "Maintenance" suggests that efforts will be made to halt further regression or to slow the decline. Some have even viewed this as a form of rehabilitation (Kane and Kane, 1978). Only 44% report that "returning people to their own homes" is a primary goal; and 47% report that physical rehabilitation is a priority. Mental rehabilitation was a primary goal of only 39% and minimal numbers of long-term care residences are concerned with acute care or education.

Schools listed a narrower range of primary goals than did the other types of institutions. After primary and secondary education, which was stated as a priority by 58%, schools were most frequently concerned with returning people to their own homes (47%).

The Implications Section of this report will describe some practical distinctions between these institutional goals and suggest some approaches for reading consistent with the priorities of different settings.

Services Available in Institutions

The majority of institutions reported having regular recreational activities programs or occupational therapy services, which suggests that there are staff and/or volunteers to support the distribution and use of alternate media to regular print. Long-term care institutions offer an unusually wide array of activities programs relative to the other types of institutions: 91% of all nursing homes and related institutions and 78% of all schools report having activities services. Recreational activities are much less common in hospitals (48%), but through the site visits, hospitals were identified that emphasize rehabilitation and provide opportunities for special reading in that context. (See Appendix, Case Studies.) Special reading services may be integrated into occupational therapy programs (more common in hospitals than activities program), and social services (available in 83% of the hospitals); even physical therapy departments (available in 76%) may promote special reading. (See Table 1-7 and Figure 1-1.)

Table 1-7

Services Offered By Type of Institution

	Type of Institution			
	All	Hospitals	Long-Term Care	Schools
SERVICE	Percent Offering This Service*			
Social Services	85	83	87	72
Activities or Recreation Program	79	48	91	78
Physical Therapy	66	76	64	30
Occupational Therapy	39	42	38	30
Outpatient or Day Care	22	69	27	40
Home Care/Outreach	17	31	11	22
Sample Size	(1,516)	(400)	(1,069)	(47)

*Due to multiple responses, percents add to more than 100.

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Figure 1-1

An Analysis of Service Combinations

	SERVICES OFFERED BY INSTITUTIONS				
SERVICE COMBINATIONS	Recreation and/or Activities	Social Services	Occupational Therapy	Physical Therapy	Percent of Institutions Listing Service Combination
1.	▲	▲	▲	▲	34%
2.	▲	▲		▲	25%
3.	▲	▲			17%
4.		▲		▲	7%
5.	▲	▲	▲		7%

Percents are based on 1,558 institutions listing any service from among those mentioned on the survey. All other combinations were selected by fewer than 4% of the institutions each. These combinations account for 90% of all institutions offering any of the services listed on the survey.

CHAPTER 2

READING IN INSTITUTIONAL SETTINGS

Recent studies describing reading habits of the general population provide some background on issues pertaining to print readership (Kender, 1973; Hatt, 1976; Gallup, 1975; Levin, 1970; Lyman, 1976). By comparison, the literature on reading in institutions and on the use of special reading services is sparse. Reports of reading in institutions typically acquaint the public and the professional with the idea that people in institutions do or could read; but, there are few detailed studies across settings. Most articles offer insights on a particular program in a single institution and emphasize service delivery techniques and reading preferences (Buswell, 1971; DeValle, 1966; Going, 1963; Grogan, 1975; Benson, 1971; Phonney, 1977; Waddicor, 1975).

Reading is usually regarded by institutional staff as an "extra" or ancillary service --except by schools--and is offered only when it coincides with the overall goals and can be assigned as part of specific staff responsibilities. Many hospital staff we encountered thought that providing for reading was the responsibility of the patient or family. However, many hospitals do have some method for distributing reading materials, such as through a variety cart operated by volunteers.*

The U.S. Bureau of Census Study (1978) reports that reading is third only to watching television and attending religious services among the common leisure activities of residents in long-term care institutions. However, our visits to such facilities did not leave us with the impression that reading is a daily activity for the majority of residents--whether healthy or ill, blind or sighted, physically disabled or not.

We observed more indication of reading in some of the non-profit, middle class facilities, serving college-educated professionals and upper income residents. These findings support studies which show the trend toward higher readership among individuals from higher socio-economic classes who reside in households (Gallup, 1975).

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*A noteworthy hospital program has been established in at least one locale, contact the Stephanie Joyce Kahn Foundation, 120 West Park, Long Beach, NY 11561.

Reading is sometimes at odds with the overall orientation of today's institutions toward group participation and socialization. We found that reading in institutions (with the exception of newspaper reading) was sometimes considered an isolating activity, since it involved no direct social interaction with others. Time was more frequently spent in small groups, sometimes conversing, other times, just sitting around and observing staff activity. Residents become animated when describing options of going outside, of receiving visitors, of participating in special events. For whatever reasons, we encountered fewer individuals who actively discuss their enjoyment of reading.

MOTIVATIONS TO READ

Reasons why people who reside in their own households continue to read--despite restrictions in their abilities--have been outlined in Volume 2, Chapter 1. In general, the household population's motivations for reading are related to a) seeking information and b) pleasure/enjoyment. The following list derived from staff and resident interviews, summarizes some additional motivations and functions of reading which appear to be particular to health care institution residents, where reading is done.

1. To Fill Time

   Reading is personally initiated (rather than organized by staff) among most print and some non-print readers. Reading occurs when individuals have unprogrammed or free-time to fill. As previously noted, free-time is abundant in most institutions.

2. To Offer Change or a Respite from Other Options

Reading is not typically a regular activity for hospital or long-term care residents; but, for many it provides a change of pace from the other aspects of institutional service and life.

3. To Provide Reasons for Avoiding Group Social Activities or Interpersonal Contact

Reading may offer a socially sanctioned excuse for not joining a group program, while still providing staff with acceptable evidence of alertness, meaningful use of time and formal activity--which are often necessary to satisfy charting requirements levied by regulatory or administrative agencies.

4. To Assert Individuality, Ability or Identity

There are some indications that people in institutions have few opportunities to exhibit unique abilities, to demonstrate their alertness (Sommer and Osmond, 1961), or to transcend the common denominator of being "just another patient or resident." In a sense, reading offers an opportunity to perform and to overtly demonstrate one's capabilities and concept of one's self (Bischoff, 1969).

5. As a Test of Mental Competence

A number of psychological tests used to determine mental or intellectual capacity involve reading (Bloom, 1975). Though non-reading tests have been developed, vision dependent tests are not uncommon in hospitals, geriatric centers and even some special schools. Sometimes, when professionals think that they are testing mental function, they are in fact measuring abilities of vision and/or hearing (Snyder, Pyrek and Smith, 1978).

6. As a Major Source of Description and Detail About Non-Institutional Life

A major distinguishing mark of institutional care is that it tends to separate people from their communities (U.S. Special Committee on Aging, 1978). Telephone access is often difficult and calls from friends may be infrequent or costly; television programming--other than the local news--is not locally specific or of appropriate detail. Radio commentators may not provide wide coverage of local events or may summarize rather than offering a "pictorial" description of local lifestyles. Consequently, reading becomes a major source of vicarious experience and information on community life and trends. Reading allows one to keep engaged with the outside world.

AVAILABILITY OF PRINTED READING MATTER

The overwhelming majority of institutions surveyed stated that they make printed reading matter available to their residents or patients (86%); though in many instances materials in these collections (observed during site visits) were dated and only rarely used. A surprisingly high proportion of those institutions visited kept their reading materials locked in storerooms or shelved in activity rooms that were closed during much of the day. Since space in institutions is at a premium, often book collections were relegated to dark, inaccessible corners of multi-use lounges where neither lighting levels nor table space were sufficient for reading and where the television was played throughout the day. Institutional magazine subscriptions were also rarely observed. However, we did observe some excellent health institution libraries of printed reading material. In those few facilities that did have a good collection residents and patients appeared to use the materials.

About two-thirds of all institutions surveyed received books from a public library or a library for the blind and physically handicapped. Only about one tenth of all institutions (including those having deposit collections, individual subscribers and no current users) reported having large print materials. Half of these had fewer than seven large print books.* Hospitals were twice as likely to have large print collections as were long-term care facilities. But the overall scarcity of large print reading material identified through the mail survey was further corroborated by site visits. Considering the prevalence of vision impairment among older people--who constituted over two-thirds of the population represented in the survey--the potential demand for large print far exceeds the current supply. Typically, large print matter observed in these institutions included: religious or inspiriational periodicals (often donated to the facility) and issues of Reader's Digest.**

THE NLS PROGRAM WITHIN THE CONTEXT OF THE INSTITUTION

The special reading services offered by the National Library Service have the potential to increase the intellectual stimulation of perhaps a quarter of the individuals residing in U.S. long-term care institutions. The potential demand in hospitals is anticipated to be much lower at any given time, since fewer patients have "free-time" during their short stays. However, because so many people are served annually through hospitals, hospital discharge services may be a source of referral for new readers who would otherwise return to their prior households without learning of the NLS program.

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*Data presented in Figure 3-4, page 47, are based only on those institutions having deposit collections and show somewhat greater availability of large print. However, with only 29% of all deposit collection institutions reporting large print collections (and 29% for long-term care facilities), these figures also support the need for large print. (See following note.)

**The need for large print has also been recognized by the American Library Association and suggested as a service in its 1979 Standards of Service for the Library of Congress Network of Libraries for the Blind and Physically Handicapped. In most states, large print has been circulated through local public libraries and is in limited supply.

The demand for recorded and braille materials seems to be adequately met in schools for the blind and physically handicapped. But, the design of record and cassette players currently limits the utility of the machines made available by NLS for some of the multiply handicapped students--as it does for many of the elderly.

Special reading services are not likely to change the overall nature of care in the three types of institutions studied. In long-term care residences, well over half of the residents are disinclined to read or cannot concentrate on recorded material. Nevertheless, a substantial number of institutionalized individuals with physical limitations in reading regular print might benefit from alternatives to regular print.

To successfully introduce the NLS program into institutions, innovative strategies will be necessary. Examples of model programs indicate the importance of educating staff about disabilities that affect reading. In most institutions, vision assessment is not common and staff do not think in terms of residents' abilities to hold a book or turn pages. Because of this, staff are not systematic in referring people to special reading services.

Systems for recruiting and training volunteers to work with NLS program users were not well developed in any of the institutions visited. (The reader is referred to the Case Studies for examples.) Perhaps community volunteer programs, much like those developed for other services, such as the Telephone Pioneers (who are phone company employees and volunteer their time for maintenance of record players and cassettes), would be a realistic method of expanding the NLS program and its use in institutions. Clearly, better orientation to the equipment and step-by-step guidelines for the use of the program (including selection, ordering, repair procedures and equipment use) are needed by staff and residents/patients.

Institutional Awareness of NLS Talking Book and Braille Services

Most institutions are aware of the Talking Book and Braille program, indicating that the National Library Service is doing a good job of publicizing their services to institutions. Eighty-six percent of the institutions surveyed had previously heard about the Talking Books or braille materials available from the NLS. Long-term care residences were the most cognizant of the program (91%), followed by schools (77%) and hospitals (72%).

However, the program is almost always identified as a service for the totally blind, according to discussions held with staff during site visits. With the exception of schools for the blind, few institutional staff realized that physically handicapped residents or students, or those with partial sight losses or learning limitations of a physical origin might be eligible.

The availability of an activities or occupational therapy program is likely to contribute to the institutions' awareness of special reading services. Of those facilities that do not have an occupational therapy or activities program, 78% were not familiar with NLS; whereas 90% of those facilities that do have these functions were aware of Talking Book and Braille services. (See Table 2-1.) Institutions that were familiar with Talking Books were also more likely to have a library or room specifically set aside for print reading, while those less familiar with NLS services typically relied on residents or their families to provide reading material.

Awareness of special reading programs was not as closely tied to the organization's general emphasis on rehabilitation (such as that indicated by the provision of physical therapy or the statement that "rehabilitation" was an organizational goal) as it was to the availability of activities and/or occupational therapy departments. Occupational therapists seemed particularly significant to the provision of special reading services, particularly in hospitals. Occupational therapists, i.e., those professionals dealing with

Table 2-1

An Analysis of Awareness of Talking Book Programs As A Function of the Availability of Activities or Occupational Therapy

Presence or Absence of Occupational Therapy (OT) or Activities Program	Institutions Reporting That They ARE Aware of the NLS Talking Books	
	Sample Size	Percents
Institutions That Do NOT Have OT or Activities		
ALL	(51)	78
HOSPITALS	(13)	46
LONG-TERM CARE	(37)	89
SCHOOLS	(1)	100
Institutions That DO Have OT or Activities		
ALL	(1,283)	90
HOSPITALS	(225)	85
LONG-TERM CARE	(1,011)	92
SCHOOLS	(47)	77

rehabilitation in activities of daily living and fine motor coordination, are not as common as are activities directors in most long-term care settings. However, in those facilities where they are available, they seem to serve as a link to or role model for other staff in working to orient readers to the use of special reading services.

Sources of Information About the Service

Most institutions responding to the mail survey reported that they had learned about Talking Books by reading printed literature or through residents or patients using the program (31% each). About a fourth of all institutions had learned of it through librarians, conferences attended or agencies for the blind. Less than 15% had learned about Talking Books from personal or family experiences, agencies for the physically handicapped or any other source. (See Figure 2-1.)

By contrast, staff in 65% of the institutions estimated that residents' and patients' primary sources of information on Talking Books were institutional staff: only 10% of the institutions credited residents/patients with knowing about the program before coming to the facility. These staff estimates do not coincide with information provided directly by the residents during site visits. The majority of subscribers interviewed had initially learned of the program from sources other than staff, and many were subscribers before they entered the institution. However, the initial source of information may be a moot point, because so many residents are dependent on staff for assistance when they actually need to subscribe or order. (Refer to Table 1-4.)

Talking Books Compared With Other Media

As part of the mail survey of institutions, staff were asked to compare

FIGURE 2-1

Ways Staff Learned About Talking Books and Braille

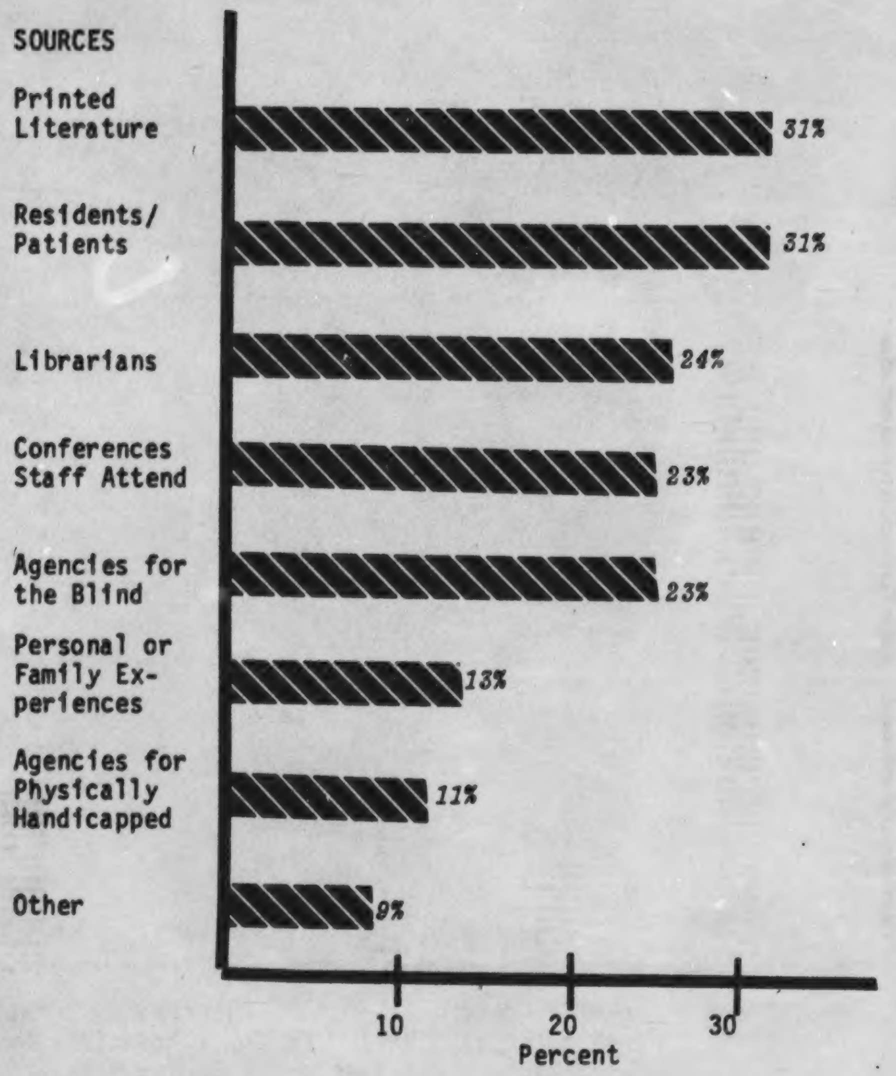

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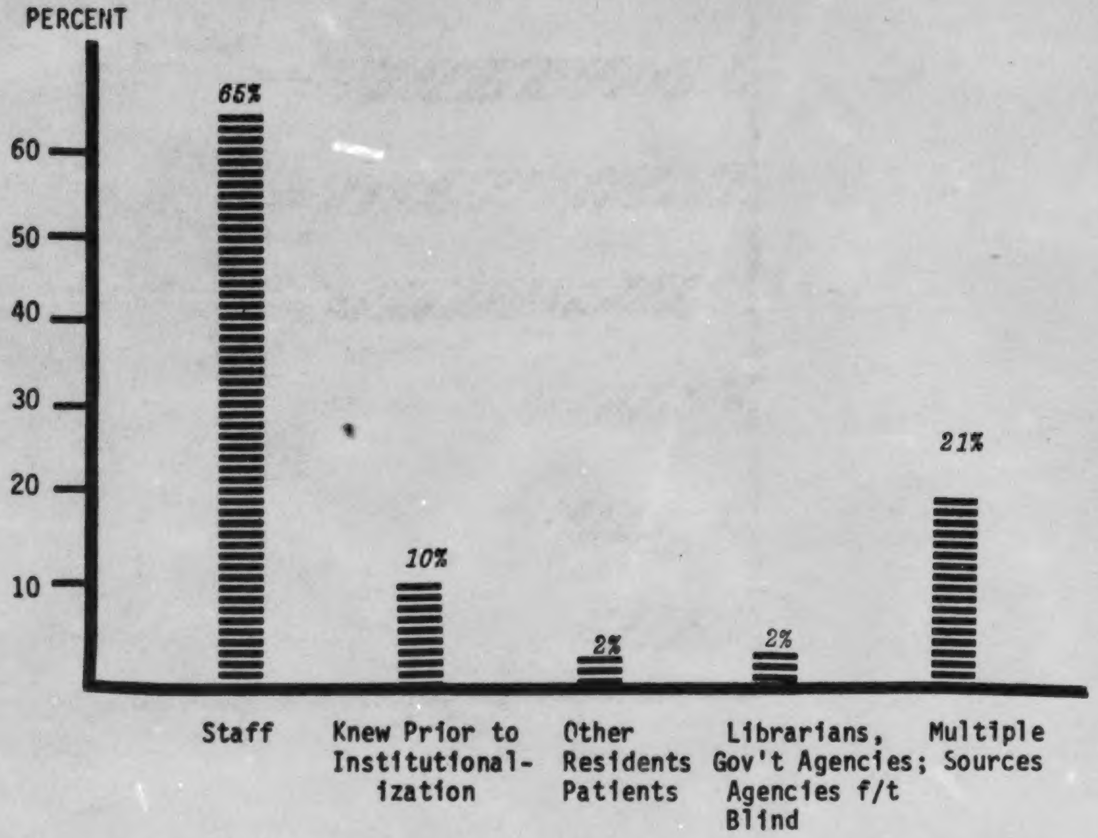
Figure 2-2

Ways that Staff Believe Residents/Patients in Institutions Had Learned of the Talking Book and Braille Program



Talking Books with radio and television on a number of dimensions: as sources of information; relief from boredom; socialization; intellectual stimulation; pleasure; and convenience. The results obtained reinforce Nelson's findings (1969) for persons having reading limitations who live in households: television and radio are more highly rated than Talking Books for every purpose listed with the exception of intellectual stimulation. (See Figure 2-3.)

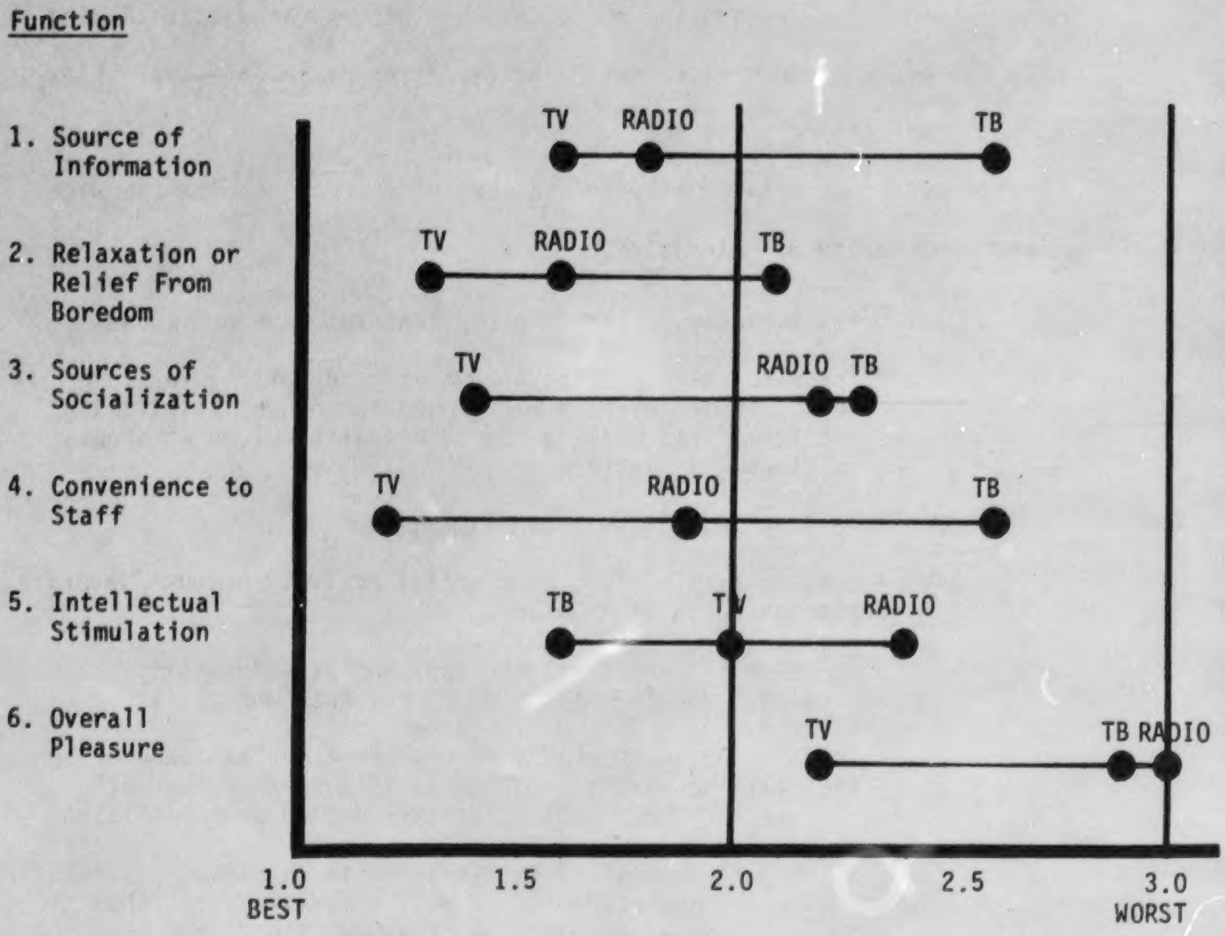
Site visits provided subtle indications of the reasons for the widespread popularity of television:

1. TV is available, often in every resident room or lounge.
2. TV is switched on perhaps once a day and left on for long periods. It serves as a background for other activities. No one feels that leaving the TV operating--even when not being viewed--is wasteful.
3. Staff infrequently make adjustments to TV's.
4. TV viewing is perceived as a social activity because several people can watch it together.
5. TV is an equalizer; there are not complex eligibility requirements for the patients or residents who use it.
6. TV is familiar; most people have watched and listened prior to institutionalization. TV is an extension of "normal" lifestyles, or those activities common to household living.
7. TV is readily understood by staff; staff have access to the same material as residents and may be familiar with the program choices available from their own experience.
8. TV viewing requires minimal dexterity of the resident or patient. Remote attachments are widely available in many institutions (particularly modern hospitals).

However, it should be noted that in some institutions, private televisions are provided only for rental fees. Some patients or residents only use the sets provided for institutional use. During site visits we found at least one television, offered in a central location, free of charge, in every facility studied.

Figure 2-3

Staff Assessments of Television (TV), Radio, and Talking Books (TB) in Satisfying Selected Functions



CHAPTER 3

POSSESSION AND USE OF NLS SERVICES

ESTIMATING AVAILABILITY AND USE OF NLS MATERIALS

The Distinction Between Possession and Actual Use

There is an important distinction to be made between possession of reading materials and their use, as people who have a home library or magazine subscription know. The same is true for recorded and braille versions of books and magazines and of NLS record and cassette players. Difficulty in establishing actual statistics on utilization has frequently been discussed as a function of the inaccuracies of accounting for group listening in nursing homes and/or the low incidence of actual record-keeping on an individual-by-individual basis in institutions generally (see Volume 4 of this series of reports). However, even if individual records of use were available, they might not provide as complete a picture as is needed for planning purposes.

A number of other factors affecting accurate statistical measurement and analytical description of the use of special reading services were discovered through the site visits to institutions. Most institutions currently report statistics on the basis of equipment kept within the institution; staff do not describe actual use and typically have no system for recording program utilization. High levels of staff and resident turn-over, lack of staff awareness of individual patterns and frequency of use, and limited access to materials or machines further complicate estimations of use. Staff were also perplexed by distinctions between material assigned to individual subscribers who reside in their institutions and those assigned to the institution for shared use.

Estimates of Readership: The Individual Subscriber and the Deposit Collection Users

About half (52%) of those staff responding to the mail survey reported having one or more current readers of NLS recorded matter. The rates by type of institution were: 27% hospitals; 59% long-term care settings; and, 38% for schools. Since use is dependent upon being aware of the service, utilization rates were also expressed in terms of those institutions previously familiar with the NLS Talking Book or Braille services, yielding rates of: 62% for all institutions; 41% for hospitals; 68% for long-term care residences and 62% for schools. (See Figure 3-1.)

Non-Use

Of the institutions that had no users, over two-thirds had never used special reading services and one-third had used them some time previously and stopped. Eighty-seven percent (87%) of the non-user hospitals and 95% of the non-user schools had never used NLS services. Only 55% of the long-term care institutions identified themselves as never having used the program. (See Figure 3-2; several Case Studies describing issues considered by institutions in choosing not to subscribe to the program have been included in the Appendix.)

Reasons for discontinuing use of the program vary. The high degree of resident turn-over, due to death in long-term care settings, and discharge in hospitals, were important factors mentioned by staff during site visits.*

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*Resident turn-over in nursing homes is nearly 100% per year--with over a third of the discharges due to death. See: U.S. National Center for Health Statistics, 1978.

Figure 3-1

Use of NLS Program By Type of Institution As
A Percentage of All Institutions and As a Percentage
of Institutions Aware of NLS Programs

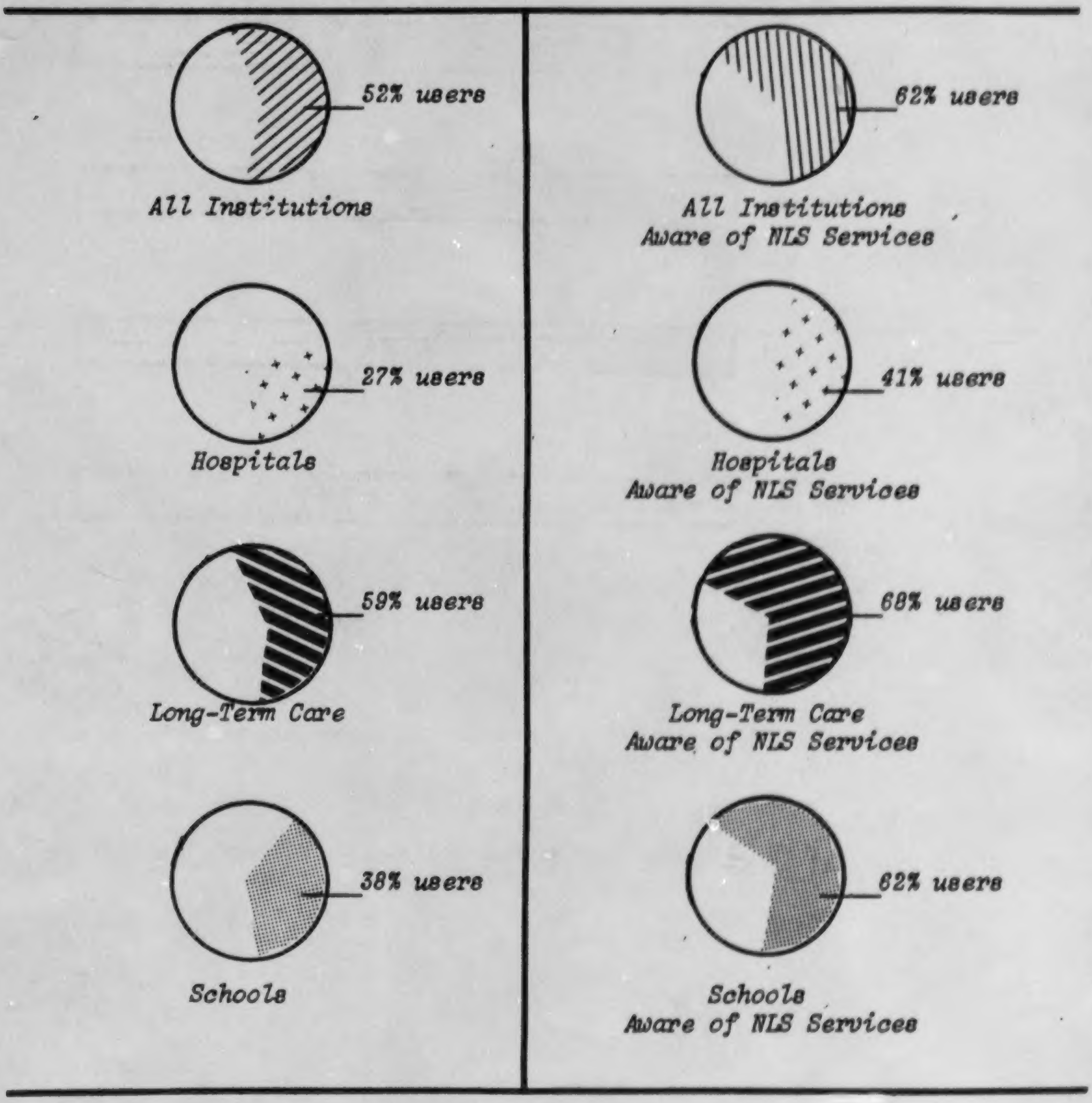
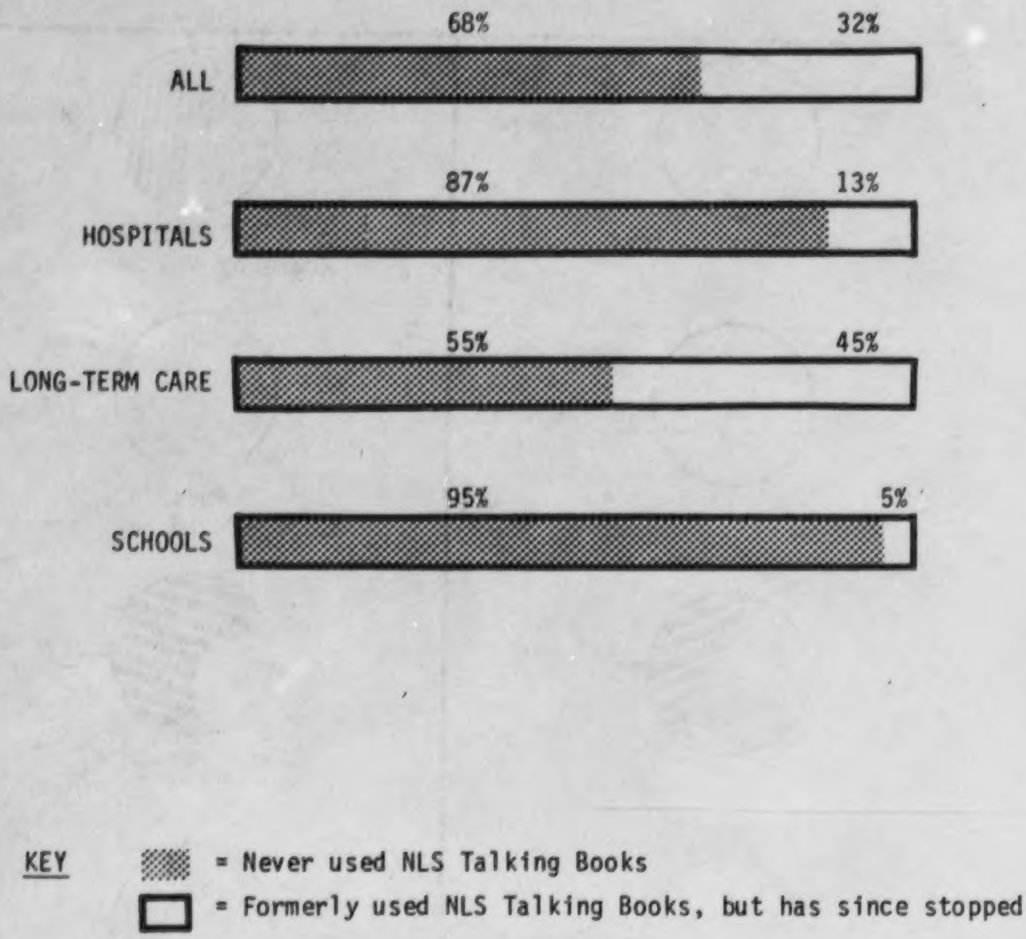


Figure 3-2

Non-Users of National Library Service Material By Type of Institution



Staff turn-over and emphasis on group activities were also mentioned by survey respondents as organizational factors influencing termination of the service. High turn-over among activities directors has decreased recently, which should help stabilize the program in the future. (U.S. Department of Commerce, 1977).

Regulations and policies influencing the management of activities programs also have implications for special reading programs. Recently, regulatory agencies have encouraged the expansion of activities programs, attempting to involve more residents. Without adding staff (due to cost factors), institutions have often accomplished increases by expanding the size of groups and emphasizing activities that work for larger audiences. Typically, the activities director plays a visible role in these activities (actually making crafts projects or performing). Talking Books, which are most often used by a single individual or in very small groups would take activities staff away from large group programs and the activities director would typically have a less visible role in organizing Talking Book listening sessions. Additionally, the eligibility requirements lead many to feel that group use should be dependent upon meeting eligibility requirements. It is often difficult in practice for activities staff to exclude people who have been brought to a central place by nursing assistants. Finally, discontinuation of use may occur rather informally and without much notice, as other social group events and festivities which are open to the full residency take precedence.

Shared Use of NLS Materials Compared to Individual Use

Of those institutions reporting any NLS materials, 48% state that individuals subscribe directly and 73% of the institutions receive materials that are shared among several users (termed "deposit collections"). However, staff confusion over the original basis on which a machine was assigned (as discovered during site visits) suggests that these figures must be interpreted carefully. It is possible for an individual subscriber's machine to be kept by a staff member and shared among several people as needed, or for a deposit collection machine and materials to be used only by one person.

The median number of users of shared equipment and materials per institution was estimated at three to four, based on mail survey results. These statistics do not describe how frequently each of these users listens to Talking Books, and therefore need to be viewed tentatively. From interviews conducted during site visits, we learned of relatively few instances of several people regularly using a single machine for focused group listening. More commonly, one machine was taken by staff to a succession of individuals, one at a time, in the course of a month. Alternatively, a machine might be set-up and played in a lounge as background to other crafts or activities.

The median number of individual subscribers reported per institution on the basis of the mail survey was two.* However, even such relatively low utilization rates were not confirmed during site visits, where we not only asked to see machines, but also to speak with residents identified as users.** Typically, staff assumed that if a machine was placed in an individual's room, that patient or resident was a program user.

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*This is based on the 395 institutions responding to this question. Some institutions, such as schools for the blind, are heavy users of Talking Books. Most facilities have a fairly small blind constituency; overall, we observed about three completely sightless individuals per each 100 residents in long-term care institutions visited. We were unable to obtain comparable data from hospitals. Due to this wide variation, the median was computed and used as a better statistical measure than the arithmetic mean or average number of users.

**We were unable to confirm whether a machine was assigned as a deposit collection or to an individual in over a half of the institutions visited--on the basis of staff interviews. Therefore, only one rate of use was estimated for institutions. Even this rate may be slightly high due to the small number of hospitals visited. We arrived at an estimate from the site visits of 1.5 users per each 100 residents. This includes situations where equipment was used as background to other activities or discussions.

Braille Readers--Nationally reported data on extremely low rates of braille use among populations with concentrations of elderly and of adventitiously blind adults were confirmed by this study. Excluding schools for the blind, 85% of the institutions surveyed via mail reported no braille readers. Of all those institutions with any NLS materials, only 6% report possessing any braille. (See Figure 3-3.)

Availability of Machines and Materials

Institutions have more record players (84%) than cassette players (59%); however, schools and hospitals have more nearly equal percentages of these items than do the long-term care facilities. These data are shown in Figure 3-4.

By comparison, possession of attachments is rare. Headphones are most common: 35% of the institutions report having these. Headphones are more frequently available in schools and hospitals than in long-term care facilities. With the predominance of elderly persons and the prevalence of multiple occupancy rooms in long-term care institutions, it appears that headphones might be used to advantage (i.e., as an aid to private listening) in these institutions, were they distributed more widely. In long-term care institutions, problems of privacy for quiet listening are further complicated by widespread hearing loss (Corso, 1977). Pillow phones were more widely used in hospitals (where one would expect a high proportion of bedridden patients), but are also more common in schools than in long-term care facilities. Remote control switches were uncommon in all of the institutions studied; but, the majority of these devices were also reported among schools. We observed a general need for greater information about the attachments and/or inclusion of the attachments as an integral part of the machine.

Figure 3-3

Institutions Reporting Any Braille Readers

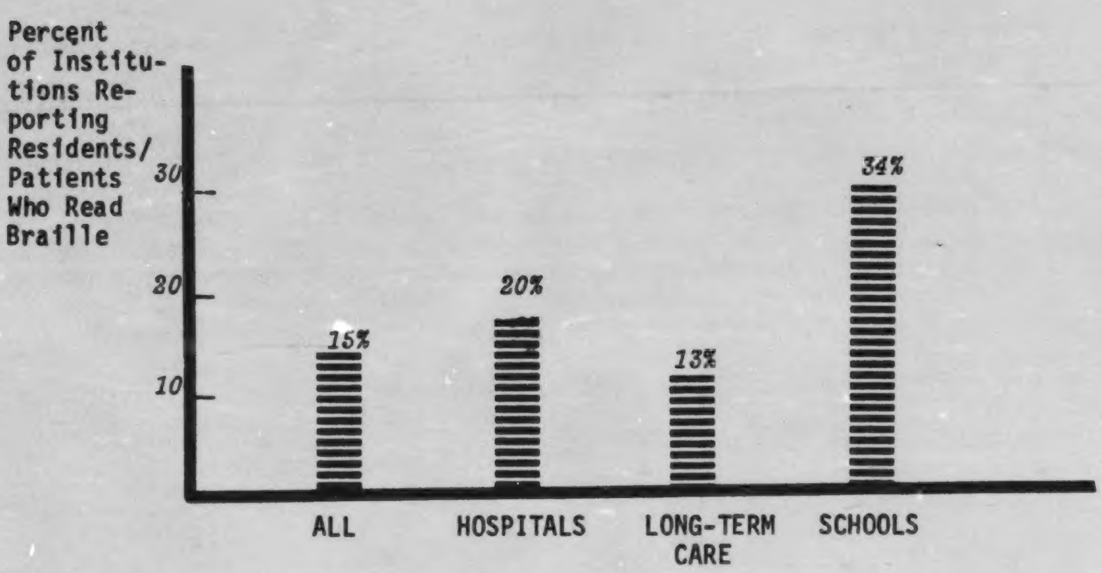

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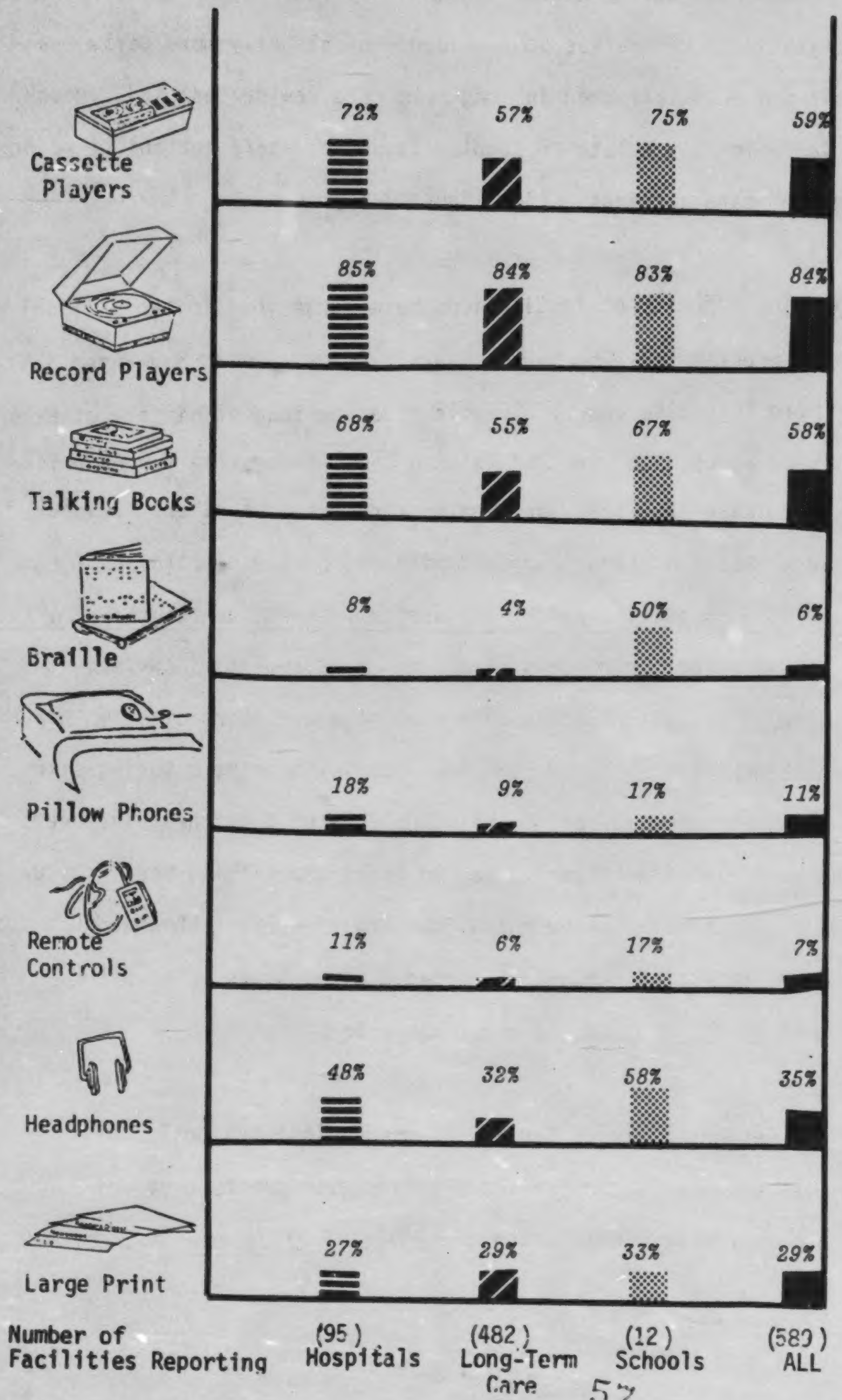
Figure 3-4
Availability of Machines, Attachments and Materials
In Institutions Reporting Deposit Collections



Patterns of Use of NLS Materials

Frequency of Use--About half of the listeners in all types of institutions use Talking Books about once a week. Rates do not vary significantly across types of institutions. There was some evidence of slightly more daily reading in schools and hospitals than in long-term care residences; and, though small, this variation may relate to complex issues of staff control of materials in long-term care settings. (See Figure 3-5.)

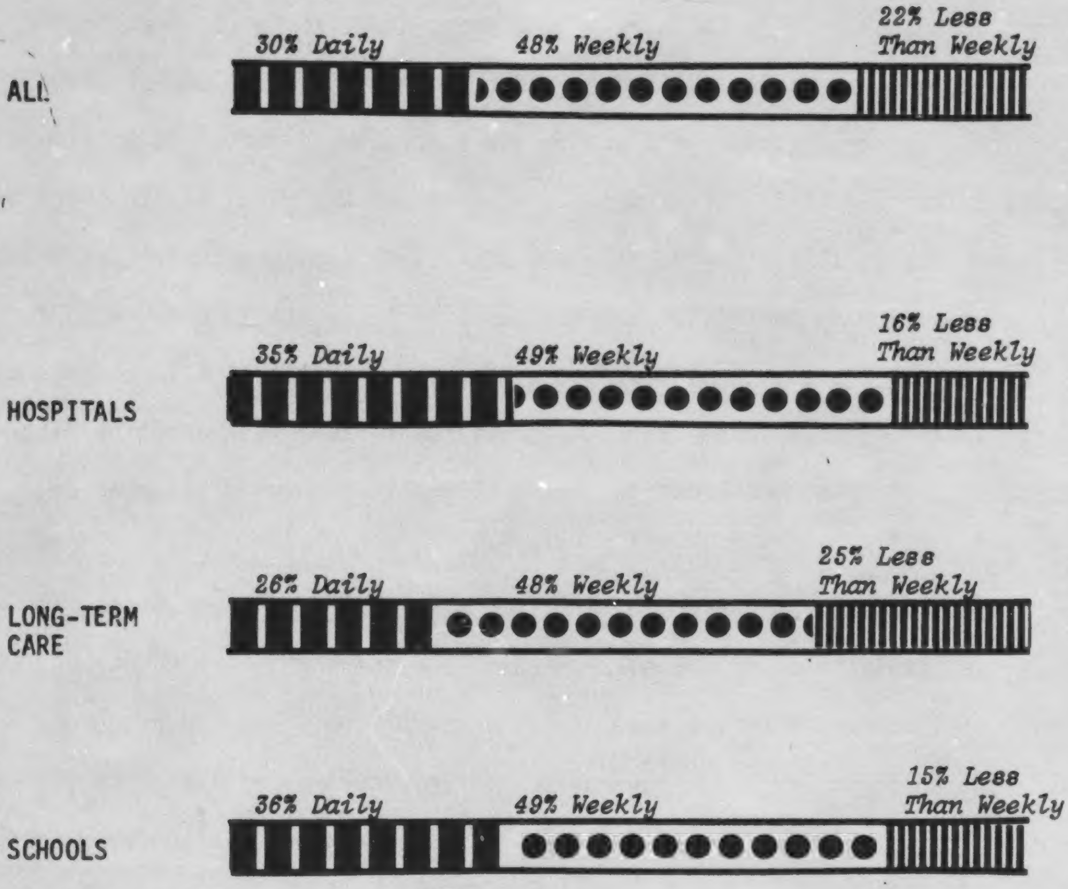
Length of Use--The majority of institutions have subscribed to the National Library Service program for a number of years. About a third have used NLS services for more than five years. Schools have the longest history of experience with Talking Books: 94% have had Talking Books or braille for over five years. Long-term care facilities are the most recent subscribers; 32% have used it for less than two years, compared with 26% of the hospitals.

We could find no statistical relationships between the lengths of use, the numbers of users and the numbers of pieces of equipment. However, it may be that some of the distribution of equipment and numbers of items circulated are controlled by the regional or local libraries. During site visits, several staff of different institutions stated that they have been told that the policy of the libraries was to issue one machine per institution regardless of estimates of potential numbers of users. Whether such controls were the result of temporary shortages of machines or an effort to distribute equipment to more users was not ascertained.

Staff Roles and Responsibilities for NLS Programs--Institutional staff involvement with special reading services varies with the type of institution; in the more complex institutions and larger facilities, program

Figure 3-5

Comparison of Frequency With Which People in Institutions Use NLS Reading Materials As Reported By Staff



responsibility is divided and shared by several departments, thereby requiring continuous coordination.

In hospitals, for example, responsibility for Talking Books may be distributed among social workers (who initiate certification procedures). activities directors (for selection of books), occupational therapists (where reading is part of rehabilitation training), nursing staff and volunteers (who provide bedside assistance, if needed). This division of responsibility requires tightly scheduled planning and good communications if the program is to operate in a short-stay, acute care setting.

In long-term care facilities, the responsibility for special reading services is more typically charged to the activities director; but, also requires nursing staff for assistance with use of the materials in bedrooms. (The activities director generally spends much time in the larger gathering areas, and in many facilities has limited time to devote to one-to-one services that take place throughout the wards of the insitution.) Long-term care facilities often experienced extensive staff turn-over among nursing assistants, further complicating the development of regular patterns of assisted use for the Talking Book services.

In schools, the responsibility is typically shared by students, librarians, media teachers and houseparents (for those who live on campus). The social worker often assisted new students or those who had reached about third-grade level to sign-up for Talking Books as well as arranging the appropriate medical certification. Students often corresponded directly with regional libraries regarding their selections or worked with the school's librarian to find appropriate or interesting reading.

Despite the fact that there were staff involved in the service, our findings indicated that the program works best when there is one responsible individual to advocate or champion NLS reading. The absence of such

Figure 3-6

Summary of Major Responsibilities for Talking Book Distribution in Health Institutions

PHASES OF SERVICE DELIVERY By Type of Institution	HOSPITALS			LONG-TERM CARE RESIDENCES			SCHOOLS			
	Social Worker	Activities	Others	Social Worker	Activities	Others	Social Worker	Librarian	Individual	Others
Orient New Readers	▲		OT		▲		▲	▲	▲	HSPARNT
Determine Eligibility			MD		▲	NURS				MD
Order Machines	▲		OT		▲		▲	▲	▲	
Select Materials	▲	△	OT,VOL		▲	INDIV		▲	▲	MEDIATCH
Order Materials			OT,VOL		▲			▲	▲	
Bring Materials to Individual			NURS,VOL		▲				▲	
Provide In-Room/ Bedside Assistance			NURS,FAM		△	NURS		▲	▲	
Redistribute Materials			VOL		▲			▲		

Note: This analysis is based on summaries for site visits.

KEY:
OT = Occupational Therapist(s)
MD = Medical Doctor
VOL = Volunteers
HSPARNT = Houseparent(s)
NURS = Nursing staff; typically nursing assistants
FAM = Family Members
INDIV = Individual Resident or Patient
MEDIATCH = Media Teachers (like reading teachers)

▲ = These were primarily the staff involved.

△ = In some institutions, where staffing patterns were such to allow activities department staff to provide one-to-one assistance, they were responsible for these phases of service.

an advocate is reflected in infrequent use, lags in identifying users and inadequate orientation to the service. The presence of an NLS program advocate may also encourage orientation of new staff to the procedures and special reading needs and interests of the residents or patients.

ACCESSIBILITY OF MACHINES AND MATERIALS

Facility Design Considerations/Staff Control

One of the more frustrating obstacles to better and wider utilization of recorded books and magazines is the unavailability of appropriate places for using cassettes or record players and for storing materials. These factors ultimately impede the individual's access to machines and materials. Although nearly one-third of all institutions surveyed reported that they had a library or room specifically set aside for selecting and reading books, and nearly two-thirds had an area or lounge where print books are available, listening to recorded materials in precious public space is uncommon because it reduces the availability of these areas for other residents' use.

Recorded and braille media are most often used in bedrooms (typically bedrooms are shared by one or more roommates); a quarter of the institutions surveyed indicated that bedrooms were the only place appropriate for listening. Use in bedrooms places another burden on staff or volunteers to distribute records and equipment individually. And, though headphones are available through the regional libraries or machine lending agency, they are not widely used despite the fact that neither bedrooms nor lounges afford the privacy needed. The problem of finding an appropriate listening area is most severe in hospitals; many of these institutions do not have communal areas or lounges for patient use, and often bedrooms are sparsely furnished and occupied by four people.

Schools for the blind were the exception; areas had often been designed into the building for reading Talking Books in bedrooms and libraries or classrooms.* As a result, listening in the majority of institutions requires not only staff coordination, but scheduling with various roommates (even if informally), to use materials when housekeeping, visiting and regular hygienic care procedures are not occurring.

Storing and sorting through recorded materials is further complicated when access to storage areas is controlled by staff. Flat surfaces (such as tables, benches, or even shelves) are often filled or unavailable. When records, tapes and machines are kept outside of the room either for security purposes or because of space limitations, they are simply more difficult for the individual resident or patient to use. In many instances, the largest storage spaces within the bedrooms are narrow wardrobes. (In the Case Studies, descriptions may be found of adapting portable storage carts to overcome the limitations of standard furnishings.)

Materials stored in central locations are often inaccessible both because of their distant location relative to the mobility of the residents and because they are not always visible. For many people in institutions, seeing the equipment or books is an incentive to reading. Individual access may also foster self-reliance and resident initiated activity, typically lacking in institutional life (Langer, 1978).

Supply of Materials and Machines

Institutions are often supplied with a standard and a limited number of record and/or cassette players because apparently they cannot document or anticipate the volume of demand. During site visits, institutional staff sometimes commented that equipment was scarce in their area, or that they believed that they already had their "quota" of machines. For whatever reasons, the limited supply of players may contribute to the observed enforcement of strict staff control and storage of materials, which increases resident dependency on staff for machine access--artificially reducing demand. Staff members were concerned about possible breakage and loss; they felt that this might reflect poorly on them, and indicated that they felt it was necessary to control access to machines as part of their responsibility for the program.

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*Case studies illustrate the tendency for heavy users of Talking Books to reside in private occupancy bedrooms. Though not always the case, private rooms did seem to give the resident more freedom to use the program and to initiate reading. Sometimes readers were assigned private rooms, upon availability, to facilitate their interest in using Talking Books.

In our judgment (and contrary to some stereotypes), we could not find examples from the 48 institutions visited of subscription to the NLS program just to create a positive public impression about the care provided. There were institutions that possessed machines and did not use them, but commonly staff stated that they lacked information on how to have these machines repaired, were awaiting long-overdue visits for repair, or were confused about where to return machines,or whether machines should be retained in anticipation of future demand.*

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*Sometimes staff sincerely did not realize that residents were no longer using the machines. During site visits, we interviewed people identified by staff as users and found that although they had reading disabilities making them eligible for NLS services and had used the program at some time, they were not current users and had not listened to Talking Books for the past six months. The residents themselves offered a number of reasons for no longer using the program: lack of interest in general, difficulties in machine operation, inaccessibility of staff assistance and inability to concentrate for long periods of time. Staff suggested additional factors in terms of changes in health and/or mental status. Sometimes, it appeared that both residents and staff viewed removal of machines as a clear signal that the individual was unlikely to improve or was formally viewed as "ill" or lacking intellectual potential. This problem is a difficult one for both staff and residents and may explain more subtle reasons for controlling access to machines by storing them centrally. It suggests the need for some system of reviewing machine assignment that would not reflect negatively on the individual's capabilities.

Reading patterns may also be influenced by the types of materials that are sent to the institution and the supplies available in relation to the numbers of machines and the interests of readers. During the site visits we saw a wide variation in the numbers of books and magazines sent to different institutions. Often the quantity of material on hand seemed to have little association with the number of readers: it was not at all uncommon for institutions that had no machines to continue to receive materials--particularly flexible discs--for more than a year after the machines had been returned. There were other institutions that received materials that were incompatible with the machine types assigned to the facility. These problems added to the storage problems.* Then there were staff and residents who found the topic selection process either confusing or mystifying. It appeared that some staff were simply not aware of how to request changes in the categories or topics sent.

Regional Variations

The institutional study provided no clear regional patterns of differences in availability and use of special reading services. Many of the minor variations, such as slightly lower rates of utilization in the southern and mountain regions, parallel less well developed social and institutional services in these areas. Perhaps because institutions in rural areas tend to serve a wider range of age groups and disabilities, as well as to have fewer specialists, fewer staff, and less frequent opportunities for in-service education--there is a presumption of lower use of special reading services. But, in fact, we did not find this to hold across all institutions surveyed, nor across site visits. The major problem raised by rural organizations was the lack of orientation and training available to staff and residents on machine use and repair; supply and distribution of materials were otherwise no different.

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*Despite the intent that flexible discs be disposable, institutions seem to retain them--on the assumption that they might be useful for readers if other materials become scarce. Many times these records had not been removed from their protective sheaths, and seldom were they organized in any useful way.

ASSESSMENT OF NLS SERVICES BY STAFF, RESIDENTS/PATIENTS, AND STUDENTS

Despite some of the procedural difficulties experienced in using the NLS services, the overall response to the program both from the perspective of staff and residents was highly positive. The majority of suggestions made by staff surveyed related to:

1. Reaching more users with existing services;
2. Simplifying the design of the cassette and record players or improving the potential of people to use these machines without staff assistance; and
3. Increasing the amount of time subscribers devoted to listening through changes in the institution's arrangements, space allocation or private listening areas.

Comments were also made about expanding the eligibility and clarifying eligibility criteria, such as use of the program by residents of varying abilities, and anticipating solutions to commonly experienced difficulties.

Users' Reactions

Resident users were most hopeful that their praises would be shared with those who make special reading services possible. Many favorable comments came from heavy readers whose typical limitation was vision loss. Those with dexterity limitations were less likely to use the program. The severely handicapped were mixed in their reactions (see Personal Profiles, Appendix).

Recommendations were made for more short-length selections and for record players that could easily be stopped and yet accurately be restarted in the right passage. Users also suggested that machines be smaller, lighter, more portable and that the "sound" be improved (apparently, referring to the tone control). There were requests for local improvement in the cycle of ordering and receiving materials. There were also requests for packaging changes that would enable those less manually adept to independently open recorded matter or package materials for return. Requests to receive the specific desired selections more quickly were also common in some settings.*

Non-Users' Reactions

We spoke with non-users who appeared to be eligible for the program (according to staff descriptions of their conditions). During these interviews many of the non-users indicated that they could not envision or imagine themselves as being able to operate the machines. Interviews were also conducted with people who had been given the opportunity to use NLS programs and had turned it down. A common problem expressed by these people was that instructions were delivered too quickly, that they felt or did not want to appear "stupid" or "slow," or that they really couldn't grasp all of the instructions and information provided during their initial (and often only) orientation. Even among the users, individuals mentioned that they had to "discover" the process of using the machines on their own because demonstrations by staff or others were too quick or insensitive to respond to the full-range of their reading and functional disabilities.

The Personal Profiles, presented in the Appendix, further illustrate some of the viewpoints of non-users. Suggestions for working with potential readers in different types of institutions have been summarized in a series of Tables, 4-1 through 4-9.)

The site visits suggested that the social potential of special reading needs to be considered further; sometimes, listening to Talking Books may be perceived by staff or other readers as anti-social. The residents' interpretations of the program restrictions appear to limit the program's social potential.

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*Although many of the residents had no specific suggestions to resolve these problems, one of the difficulties of the ordering process seemed to relate to the selection of particular books from the Talking Book Topics catalog.

Users' Participation in the NLS Program

Readers typically took their responsibility for keeping track of materials (even flexible discs) quite seriously. Readers were likely to circulate materials directly through the library, even in some institutions that had deposit collection machines, rather than to share interesting selections with others. (Communication about reading, whether print or non-print was more typical between staff and residents than among the residents themselves. This is an interesting contrast to the Gallup Organization Survey of Library Services (1975) and their finding that among the general public there is a tendency to share books with friends.)

Both residents and staff mentioned that the more able residents of long-term care institutions find it easy to participate in social activities. Such people appeared to spend less time alone and thus to have less time for individual activities such as reading. Often, it is the more frail elderly in most institutions who are left alone. But, frail people are more dependent on staff; and, though they might be interested in special reading services, they will require assistance. A pattern often develops whereby frail people are placed before a television to occupy their time (even when they cannot see or hear it clearly), which gives them the appearance of "busy-ness". Such people are unlikely to initiate requests for further assistance, even if alert. Some we interviewed commented that staff already provided them with a disproportionate amount of time; or, that if they had more individualized assistance still would not be inclined to use valuable staff time for reading or use of machines.

It is therefore the more alert, moderately able-bodies and those individuals who had developed life-long patterns of reading (or initiating activities) who readily use Talking Books. Even the residents commented that the time to learn about alternate methods of reading was before one really needed them! (See Personal Profiles, Appendix.)

Staff Reactions

As the Figures in series 3-7 illustrate, staff members' comments related primarily to the lack of space, particularly on table tops and bedside stands which serves to restrict use of Talking Books. Other factors related to non-use or underutilization of the program included not having enough staff for regular activities of circulation (18%), assistance with operation of equipment (17%), and staff training (15%). This implies that there are generally enough staff for the one-time tasks of assessing eligibility, selecting machines and ordering materials; but, it is the ongoing assistance that is most troublesome to the organization.

By and large, staff responding to the institutional survey did not distinguish greatly between the difficulties that residents have in operating record versus cassette players. However, this may reflect their wider understanding of "operation" to include the issues of access, mentioned previously.* (See Table 3-8.)

Of the 74% of all staff respondents who had listened to Talking Books and made suggestions regarding types of materials needed, the largest group asked for more books and magazines within each topic, followed by more variety, improved sound, simpler language and clearer instructions.

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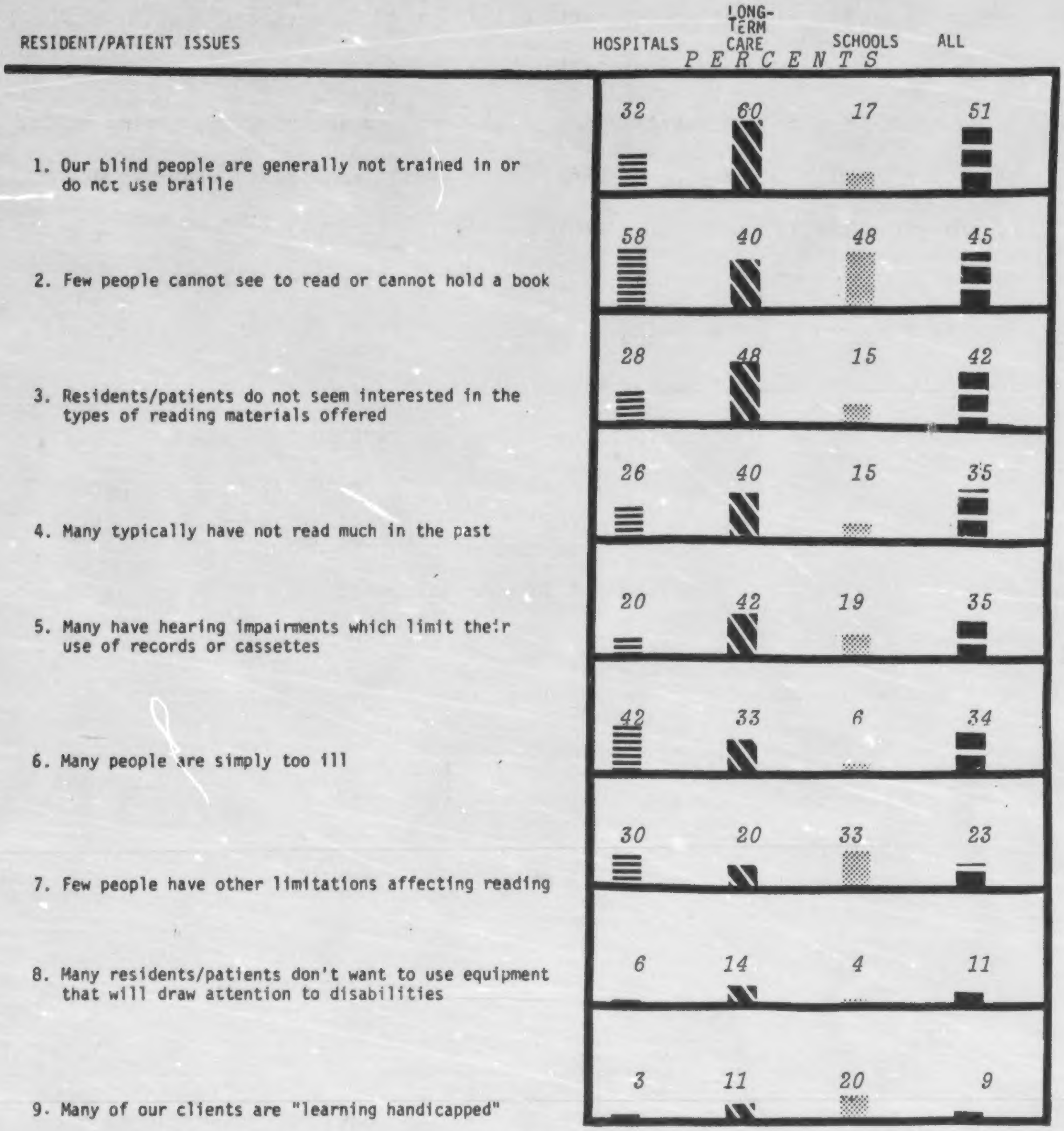
*From staff interviews, conducted during site visits, we learned that staff preferred tape players, because they personally found them easier: they could be played longer and required less frequent assistance. But the staff frequently commented the the older residents and even some of the multiply physically impaired people could operate the record players more easily.

Figure 3-7a

Analysis of Factors Involved in Non-Use of Talking Books and Braille By Type of Institution*



*Responses offered by the institutions as write-in comments. Percents are based on the total number of institutions making any comments; 438 hospitals, 1,126 health care residences, and 54 schools, or a total of 1,618 institutions.

Figure 3-7b

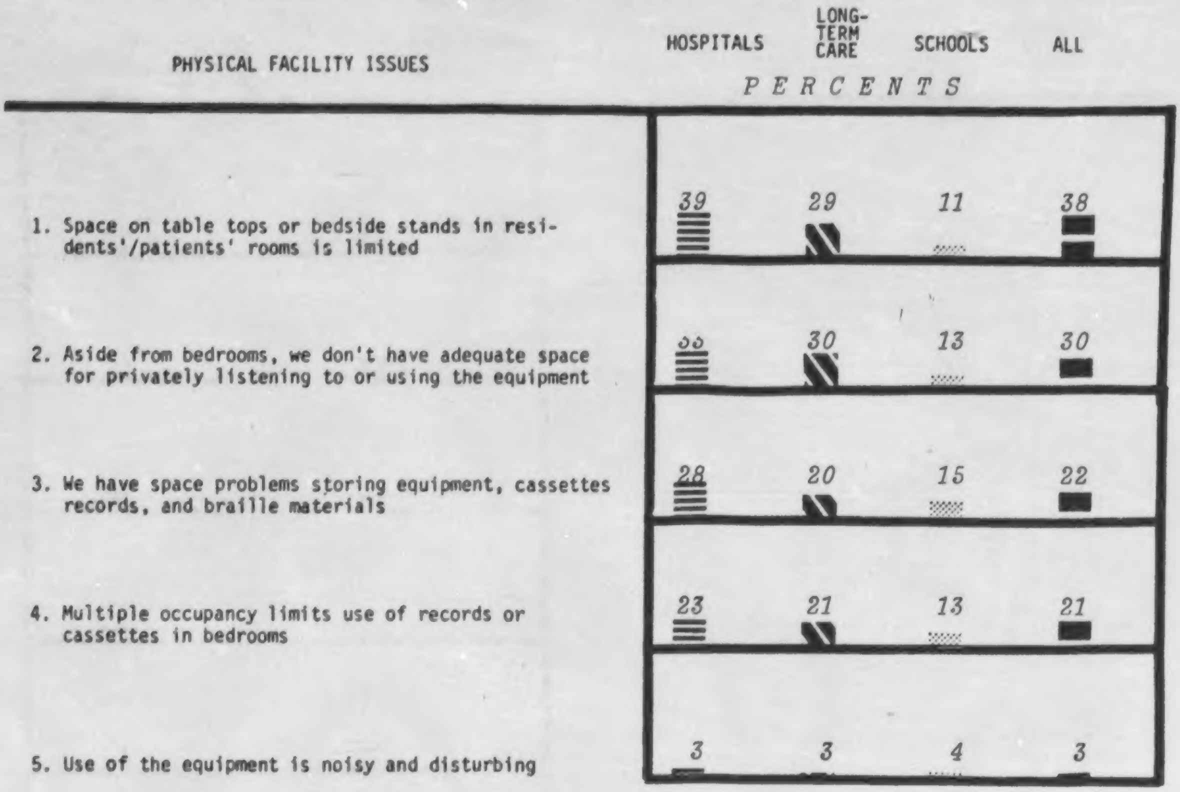
Analysis of Factors Involved in Non-Use of Talking Books and Braille By Type of Institution

STAFF/ORGANIZATION ISSUES	HOSPITALS	LONG-TERM CARE	SCHOOLS	ALL
	PERCENTS			
1. We don't have enough staff for equipment circulation among different users	24	17	13	18
2. We don't have enough staff to help operate equipment	19	17	7	17
3. We don't have the means for training staff on details of the program	18	14	15	15
4. We are an acute care facility	30	1	0	9
5. We view the reading activities of our residents/patients typically outside of our responsibilities	14	6	6	8
6. We have problems certifying an individual's need for the program	8	6	6	7
7. We don't have enough staff to help select the equipment	10	5	6	7
8. We are hesitant to be responsible for government property	6	6	4	6
9. Staff, organization, other unspecified staff problems*	6	6	4	6
10. We don't have enough staff to order materials	9	4	4	6
11. We don't view leisure time activities as a major institutional concern	11	2	2	4

*Responses offered by the institutions as write-in comments.
Percents are based on the total number of institutions making any comments; 438 hospitals, 1,126 health care residences, and 54 schools, or a total of 1,618 institutions.

Figure 3-7c

Analysis of Factors Involved in Non-Use of Talking Books and Braille By Type of Institution*



PHYSICAL FACILITY ISSUES	HOSPITALS	LONG-TERM CARE	SCHOOLS	ALL
1. Space on table tops or bedside stands in residents'/patients' rooms is limited	39	29	11	38
2. Aside from bedrooms, we don't have adequate space for privately listening to or using the equipment	33	30	13	30
3. We have space problems storing equipment, cassettes records, and braille materials	28	20	15	22
4. Multiple occupancy limits use of records or cassettes in bedrooms	23	21	13	21
5. Use of the equipment is noisy and disturbing	3	3	4	3

*Responses offered by the institutions as write-in comments.
Percents are based on the total number of institutions making any comments; 438 hospitals, 1,126 health care residences, and 54 schools, or a total of 1,618 institutions.

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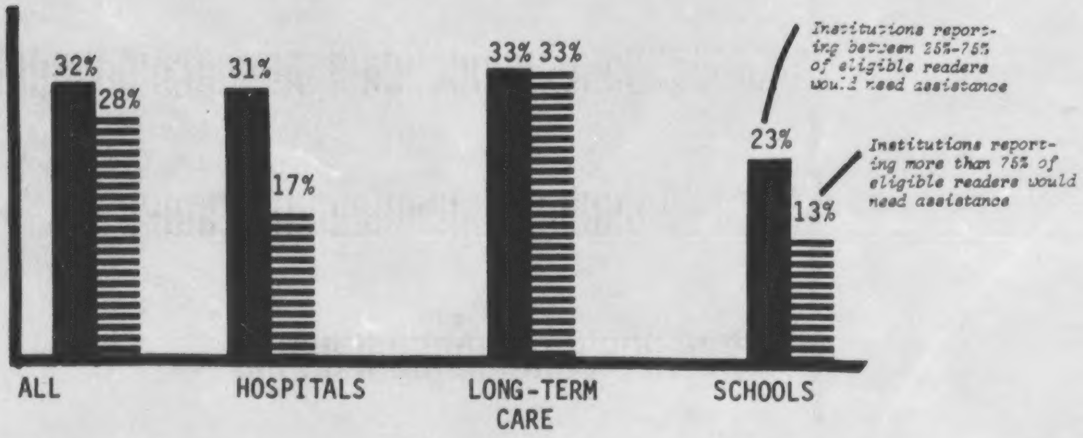
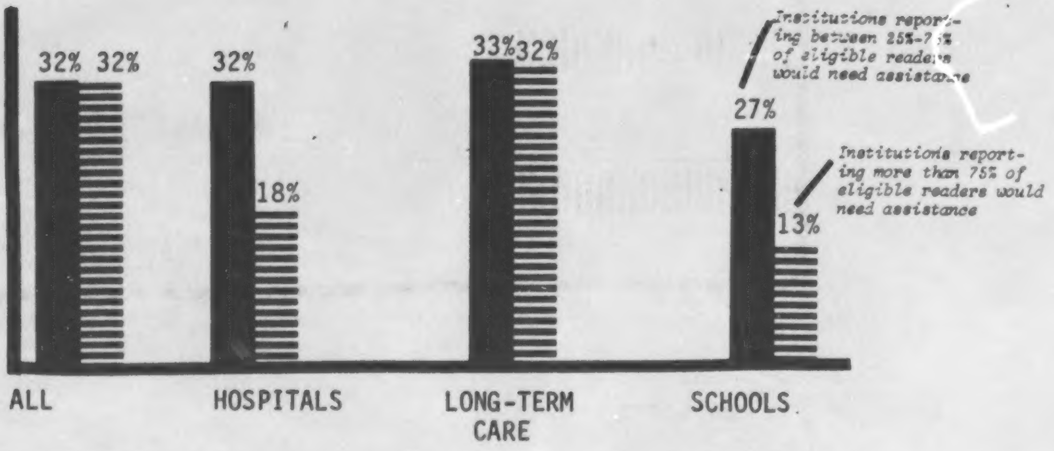
Figure 3-8

Proportion of Residents Having Limitations in Ability to Read Regular Print Who Require Staff Assistance For Operating Talking Book Cassette or Record Players

UNABLE TO OPERATE CASSETTE PLAYERS INDEPENDENTLY



UNABLE TO OPERATE RECORD PLAYERS INDEPENDENTLY



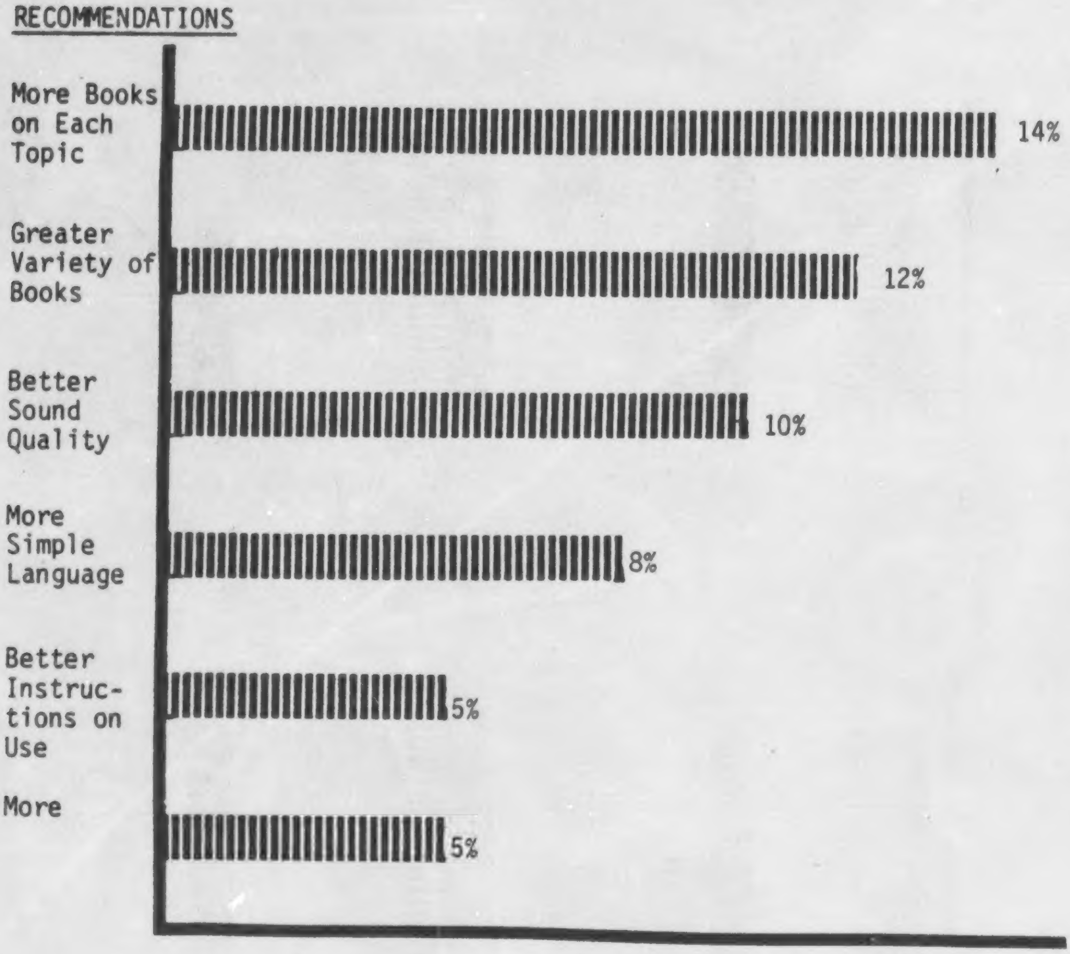
Key

■ = Between 25% - 75% of the residents need assistance to operate equipment.

☰ = More than 75% of the residents need assistance to operate equipment

Figure 3-9

Improvements in Talking Books Requested By Staff Who Had Listened to These Materials *



*Based on 905 responses

CHAPTER 4

IMPLICATIONS

The following series of implications has been developed through analysis of both the mail survey and the field study findings.

OVERALL POTENTIAL FOR SERVING NEW READERS

Special reading services offered by the NLS have the potential for increasing the intellectual stimulation of perhaps a quarter of the individuals living in U.S. long-term care institutions who have severe limitations in reading regular print. The gap between those being served and those who are both eligible and interested is one that must be closed jointly by institutions and libraries.

The potential demand in hospitals is much lower at any given time, since the average lengths of stay are quite short. However, a great number of people enter hospitals each year, and, as noted before, hospital discharge planning services may be helpful in referring new readers for NLS programs.

The demand for spoken and braille materials seems to be well met in schools for the blind (some of which are also serving physically handicapped children), although the design of record and cassette players available at the time of this study limits the utility of the machine for some of the multiply handicapped students.

It appears that there are perhaps eight to ten people with physical limitations in reading regular print who are not being served in long-term care institutions for each one person who is actually reading by listening. Among those staff who knew residents well enough and were willing to make estimates, a surprisingly consistent figure of 20-30 potential candidates for Talking Books per 100 long-term residents was arrived at (based on site visit interviews).

As shown by this and other studies, most residents--especially those over 65 in nursing homes, have two or more serious chronic conditions which, staff noted, make it difficult or impossible for many of them to use the program without some assistance (U.S. Department of Commerce, 1978). Over half of the institutions surveyed indicated that more than 25% of their residents could not operate NLS record or cassette players independently. Consequently, estimates of potential utilization of special reading material were qualified by concerns that the institution might not have adequate staff to provide the assistance needed.

Among other factors impacting on readership are staff attitudes toward older people. It is not uncommon for staff to view the majority of residents in their nursing homes as "too old," "generally, too confused," and "typically disinterested in activities." The library cannot be expected to resolve issues related to society's images of the old; however, awareness of ageism may help to dispel unfounded stereotypes and to increase the likelihood that people's intellectual abilities will be determined on an individual basis.

People with physical limitations--young and old, partially and fully sighted--probably comprise the largest group of untapped readers.

Why Aren't More People With Reading Limitations Being Served?

A number of institutional factors influence the utilization of NLS programs:

1. Lack of awareness of the staff in various departments and roles about the availability of alternate reading media;
2. Inadequate or unsystematic procedures for identifying people who might utilize special reading services;

3. Complications experienced in coordinating arrangements for access to equipment and materials;
4. Difficulties (such as unavailability of staff, volunteers or others) in arranging for assistance in operating machines or using media.

Awareness--Although the great majority of institutions are generally aware of the existence of special reading services, conservatively, 4,500 of the 30,000 health care institutions have not heard of the service. A significant proportion of those not aware of the program are associated with hospitals. The survey also suggests that emphasis should be placed on the possible utilization of special reading services by individuals who have severe problems in seeing--associated with aging--as well as by those whose limitations preclude sitting, holding a book or turning pages.

Identification of Residents/Patients Who Can Use the Program--At the root of the issue of utilization of the Talking Book and Braille Program are questions about whether institutional staff are alert to the limitations in reading regular print and the more general reading patterns and interests of the patients or residents. Division of staff responsibilities in institutions tends to contribute to the lack of awareness about reading ability and interest; staff involved in making assessments of physical or visual conditions are typically not those who see the individual involved in reading or leisure activities (with the notable exception of registered occupational therapists).

National data on medical assessments of people in institutions strongly suggest that basic health information is not adequately obtained: physician visits are often infrequent or do not involve direct interaction with the resident in long-term care settings; functional assessments of capabilities are often not included in routine medical examinations; and, existing information is not completely charted, nor is it expressed in terms of implications for reading (*U.S. Senate, 1978*; U.S. Senate, 1974; U.S. House, 1977).

In the mail survey, institutions were queried about whether they conducted regular examinations (at entry, annually, or thereafter) of visual acuity, eye condition, ability to read, and ability to hold or turn the pages of a book. Only about half of the institutions (53%) reported that eye condition is checked on entering and about 45% reported that they check this annually or more often thereafter. Visual acuity was checked by 45% of the institutions and thereafter by 39%. Even these figures seem high and do not indicate that such examinations are routinely performed on all residents, but rather indicate that it is possible to conduct such exams upon the request of a physician, individual, or family member. From the site visits to 48 institutions, we learned of only two that had conducted facility-wide vision screening on a regular basis, a third facility had performed an institution-wide vision screening on a one-time basis.*

Regional libraries currently accept referrals from activities directors in institutions; however, we found that many of the activities directors themselves do not have access to and/or apply information about the physical or visual capabilities of an individual to their programs--except in the case of the most obviously blind or severely physically disabled.**

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*Staff noted that the medical care for the majority of institutionalized people in long-term care facilities is the responsibility of private or personal physicians who are outside of the jurisdiction of the institution. During site visits, we seldom found acuity information expressed on the patients' or residents' charts (which also created difficulties in estimating the extent of these impairments).

**Though some activities directors prepare written profiles of the residents' interests, these typically do not include systematically recorded indications of ability. Often they do not include interest in reading. Such records, as they are currently kept, would not seem to be an accurate source of information on eligible or potential readers; it would be more advisable to make an individual-by-individual assessment of ability and interest.

Programmatic implications of this situation for libraries may include:

1. Making staff of institutions more aware of eligibility criteria to help the program reach people with low vision, limitations in manual dexterity and the bedridden;
2. Facilitating and otherwise encouraging efforts to improve health screening, specifically related to reading capabilities both at entry and on an on-going basis;
3. Facilitating and otherwise encouraging efforts to have reading capabilities charted (so that in the event of staff changes or turn-over, the information is retained);
4. Urging systems for combining certification with monthly medical exams and/or evaluations made by registered occupational therapists;
5. Making the individuals themselves and their families more alert to the availability of the NLS programs to institutions.*

Assessing the Level of Demand- It is difficult for institutions to determine whether the demand for special reading services is being met on an ongoing basis because of the variation in occupancy and fluctuation in people's abilities. Institutional staff are sensitive to issues of accountability and need assistance in decisions such as whether a demonstration machine should be kept in anticipation of future users. Individual subscription may be appropriate for the more able and active readers, but improved systems are needed for returning items and for converting between individual and deposit collections as conditions warrant. Alternately, perhaps procedures could be developed for a reader to progress from use of a shared or demonstration machine to an individual subscription as confidence and facility are increased. At the present, most institutions appear locked into the initial arrangements under which machines were made, even though demands have changed. These lending arrangements complicate an accurrate assessment of the level of demand for services.

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*Fewer than 1% of any type of institution indicated that families are currently involved with any aspect of the provision of special reading services, though it is possible that staff might not be aware of some of the families' involvement.

The overall demand in an institution may shift as a reflection of organizational changes. It is not uncommon for a newly opened apartment building for the elderly, for example, to house people who have few limitations in reading at the outset. However, after five or more years, visual and physical capabilities of the residents are likely to change and the needs for services such as special reading may increase (even though staffing is not substantially changed). To librarians, this means that promotional campaigns need to be regular and to involve more regular contact with institutions and those residing in them. Perhaps it would be possible to work through some intermediary, such as an Area Agency on Aging or home-care provider to monitor institutional changes in settings having limited staff. Because of the lack of health screening in many institutions, institutional and library staff may have limited sources of referral which result directly from medical examinations.

Arrangements for Access to Equipment and Materials- Arrangements for access to special reading services should follow the process of estimating demand. Often access to machines and materials are arranged prior to estimating demand, leaving the institution without sufficient machines for demonstration/teaching and back-up. We have raised some questions about the advisability of placing machines solely in a single, central location: Do residents know (or recall) that machines and materials are available to them? Do staff control program use? Are materials accessible at all hours or only during the daytime? How do individuals find out about the availability of new selections which are placed in central areas?

On the basis of the site visits we concluded that exceptionally tight control on machines, material and circulation is a great deterrent to the use of special reading services. The practice of storing machines and materials in a central location placed a great responsibility on the resident attempting to initiate reading on his or her own. As a result of locking or enclosing the reading material, residents became dependent on staff even though they may not have actually required procedural assistance once they had the machine in their possession!

These factors suggest the need to consider the alternative of decentralization of the machines and materials. In some facilities, perhaps machines need to be located nearer to those who will actually assist in distribution: volunteers, nursing assistants, or even other residents. Placing the materials with the residents may also be appropriate, though in some instances, the machines and books may have to be stored on a portable cart, wall-hung shelf, or may need to be used with remote controls.

Both staff and residents can be helpful in plotting and scheduling possible areas within an institution where listening may occur--either continuously or at given times of the day. Where rooms are being used for other activities, it may be necessary to encourage wider use of attachments such as pillowphones or headphones to minimize distraction.

Such planning is often most effective prior to introducing an individual to the program, because inconvenient listening space can be a source of frustration which may cause the individual to express disinterest in the service.*

Arrangements for Assistance in Operating Machines or Using Media--The apparent lack of staff assistance and/or lack of regular or dependable volunteer assistance in machine and media use are among the most critical obstacles to expanded utilization of the special reading services, particularly for those who lack manual or other physical dexterity.

Probably the most readily available and untapped resources for providing this type of assistance are the relatively able residents of long-term care facilities and the volunteers available in hospitals. We did not find many examples of resident-to-resident assistance programs during our site visits. Occasionally, a roommate assisted a user in exchange for the opportunity to "eavesdrop" on a mutually interesting selection. But, with the nationwide emphasis on developing more active roles for individuals in institutions, it might be appropriate to enlist residents to work with volunteers in identifying potential readers, orienting them to special reading materials and machines, and even developing more opportunities for sharing ideas on reading matter (Tibbits, 1979).**

Such programs would still rely on staff for formal coordination, the determination of eligibility for the program and for sign-up, but would have the advantage of building on available resources of capable residents, without overloading the typically heavily burdened, tightly scheduled staff.

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*The majority of people in institutions have their care paid for by government or other third-party sources and may be reticent to complain about or articulate factors which would make them more comfortable. Some may feel that they would risk exclusion from other attention or even discharge.

**Dr. Clark Tibbits, noted gerontologist, has stressed the importance of older volunteers in a recent award lecture delivered before the Gerontological Society; see C. Tibbits, "Can We Invalidate Negative Stereotypes of Aging," Gerontologist 19 (1979): 10-20.

THE POTENTIAL FOR MUTUAL AID OR SELF-HELP GROUPS IN PROVIDING TALKING BOOKS IN INSTITUTIONS

During the past decade, the success of the self-help movement has confirmed the belief that people have great untapped potential to assist each other in meeting similar needs (Katz and Bender, 1976; Gartner and Riessman, 1977). Alcoholics Anonymous, Weight Watchers and Recovery, Inc. are all examples of mutual aid in dealing with health problems. These groups have been described as fulfilling needs of participants who view themselves as outside the mainstream and sharing particular disadvantages. Social groups formed along the lines of successful self-help programs may suit the needs of special readers.

Self-help and mutual aid groups might be particularly effective in institutions where needs and interests vary. Mutual aid could be structured using residents, volunteers, staff and librarians. This would be an improvement over an all-volunteer program which can fluctuate with transportation, seasons and other priorities. A mutual aid program for special readers might involve distributing responsibilities to maximize the 1-1 contact of volunteers and staff for personal consultation and training. Residents--unlike staff--are typically present in the institutions on a 24-hour a day basis and could presumably assist each other in some of the mechanics of operation and materials distribution during off-hours, weekends and at times when fewer structured activities are planned. Resident-to-resident communication about the program might also serve to stimulate interest. Since so many institutions today offer multiple levels of care (skilled and intermediate, for example), it should be possible to identify people with skills such as telephoning, bedside assistance, ordering or visiting to assess current demand for materials. Though we observed no fully operational self-help library services in the institutions visited, there were examples of residents actively charged with responsibilities, especially in the more innovative facilities. At the very least, perhaps the self-help and mutual aid potential could be studied further in terms of its usefulness to specific types of institutions--freeing library staff for greater involvement as necessary in other settings. Such research might address the potential for self-help groups to:

- -Orient new readers to the Talking Book and Braille program;
- -Orient all institutional residents to the Talking Book and Braille program;
- -Identify people with reading problems;
- -Develop profiles of readers' interests;
- -Patiently instruct new readers on machine and material use;
- -Assist in selecting and ordering books and magazines;
- -Share suggestions for new readers, special interests or other selections of particular significance;
- -Assist in the operation of the equipment;
- -Assist in record keeping; and
- -Assist in the distribution, storage and mailing or disposal of materials.

Some institutional models of such self-help programs might be established so that print and non-print readers are mingled for certain program operations. Other model programs might demonstrate roles for volunteers, family members or bedridden (multiply physically handicapped) patients who wished to participate.

There are some issues which should be raised and discussed prior to initiating research and demonstration on mutual aid or self-help for library services to people in institutions:

1. Are people in institutions really able to be part of such a program?

   In many cases, strict application of NLS requirements encourages the participation of only the most alert institutional residents. It would appear that most institutions would have people alert enough to manage such a program.

2. People won't or don't read anyway.

   One problem in reaching potential readers in institutions has been the lack of role models to provide an incentive for both staff and residents.

3. Residents wouldn't be interested in self-help; institutions cannot even get residents' or tenants' councils going.

   Often councils have been non-specific in their purpose. Self-help groups could be developed around a reading service. Tasks might be quite specific. The group need not "represent" anyone who was not interested in reading or who preferred to participate as an individual.

4. People won't keep it going; they will be discharged.

   There need to be plans made to provide program continuity (which has also been a problem with staff and volunteer operated efforts). Discharged patients or residents might occasionally provide volunteer assistance or even participate through telephone contact.

5. You'll never get residents to help the less able; people don't like to be around those more helpless than themselves.

   Many people dislike interacting with "helpless" people because they have no specific way of assisting or providing comfort. A mutual aid program could provide a basis for meaningful interaction, and may demonstrate that disabled readers are often not entirely incapacitated.

6. Self-help reading wouldn't work in hospitals.

   The hospital may require a program model which draws more heavily on out-patient, regular in-patient and/or volunteer assistance. Such groups might be sponsored by a community group, library or hospital service club. Attention might be focused initially on longer stay patients or those involved in regular therapy visits. Occupational therapy departments may integrate the self-help model into their overall training.

Dialogues on the feasibility of mutual assistance can be expected as we weigh such new concepts or procedures. Self-help models have been suggested because they seem most consistent with the overall philosophy of health care and therefore do meet the criteria established earlier in this report for effective special reading services. That is, a mutual aid program would seem to build upon already accepted goals and priorities of many different types of institutions. The fact that reading is the objective may be of lesser interest to some institutional staff than is the opportunity to create new resident roles, to afford some continuity between community and institutional life, and to encourage people in individualized activities which do not require constant staff intervention.

NECESSARY COMPONENTS FOR A SUCCESSFUL PROGRAM OF NON-PRINT READING IN INSTITUTIONS

Though we could not identify fully operational "model" institutions which offered "complete" programs for providing special reading material, we were able to identify features from different institutions which might be worked together into a system for effectively providing Talking Books. The following considerations pertain to steps the institutions should be encouraged to take. (The Appendix contains Case Studies which illustrate why and how many of these recommendations have emerged.)

1. Designate one key individual to serve as a program "champion";
2. Develop a system of ongoing resident identification and referral;
3. Recognize reading as a basic component of institutional services, including rehabilitation and recreational activities;
4. Provide a full range of reading materials from conventional and large print to recorded materials;
5. Provide special reading materials, machines and appropriate reading space in anticipation of demand;
6. Provide a system for reaching new readers who enter the institution;
7. Develop and provide programs to orient staff (including new staff) to special reading services. This should extend beyond supervisory workers to those providing direct care around the clock;
8. Make arrangements for exchanging materials so as to minimize non-use time;
9. Develop back-up for any volunteer operated services associated with distribution and use of Talking Books;
10. Develop informal approaches for stimulating reader interest and awareness of the program (such as through use of staff who deliver mail, resident newspapers, or simple word-of-mouth).

In addition, the following procedures need to be studied further as possibly contributing to more effective utilization of the program:

1. Integrating circulation of materials sent to individuals with those used by deposit collection subscribers;
2. Use of deposit collections for demonstration purposes, for orientation of new readers, for short-term readers (such as those with temporary infirmities) and for readers who use the program less than monthly and/or who read in groups--only; and
3. Development of record-keeping systems which simply chart effective program use, popular selections, and personal assistance needed by severely handicapped readers.

The implications of these points for the Regional and National Library Services will also require further administrative planning. During the course of interviews with staff and residents, the following suggestions were offered:

1. Prepare orientation materials to stimulate staff, volunteer and individual awareness of special reading services, adaptive techniques for training and using the machines and recordings, and effective approaches for working with readers who have multiple limitations;
2. Circulate information on institutional Talking Book programs to librarians and institutions as a source of ideas on operations, costs, librarians' roles, and workable program ideas.
3. Recognize exemplary institutional programs as a means of further drawing attention to the benefits of reading media and of stimulating interest among peer-group institutions;
4. Facilitate resident-to-resident interaction not just within institutions, but across facilities and states--perhaps through some recorded newsletter, special exchange day or telephone program;
5. Provide shorter length materials which might include packaged sets of material that have been proven particularly effective for new institutional users or certain reader types;
6. Explore the implications for machine design and materials given the limitations in institutional storage space, the multiple disabilities of many readers, and the problems of handling recorded material experienced by some readers.

In the following table, recommendations have been developed for matching library services to the characteristics and preferences of people in different types of institutions. Such generalizations are offered as a basis for making initial contacts and anticipating demands of various facilities. As with many generalizations, they should be used with caution.

1. Designate one key individual to serve as a program "champion";
2. Develop a system of ongoing resident identification and referral;
3. Recognize reading as a basic component of institutional services, including rehabilitation and recreational activities;
4. Provide a full range of reading materials from conventional and large print to recorded materials;
5. Provide special reading materials, machines and appropriate reading space in anticipation of demand;
6. Provide a system for reaching new readers who enter the institution;
7. Develop and provide programs to orient staff (including new staff) to special reading services. This should extend beyond supervisory workers to those providing direct care around the clock;
8. Make arrangements for exchanging materials so as to minimize non-use time;
9. Develop back-up for any volunteer operated services associated with distribution and use of Talking Books;
10. Develop informal approaches for stimulating reader interest and awareness of the program (such as through use of staff who deliver mail, resident newspapers, or simple word-of-mouth).

In addition, the following procedures need to be studied further as possibly contributing to more effective utilization of the program:

1. Integrating circulation of materials sent to individuals with those used by deposit collection subscribers;
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3. Development of record-keeping systems which simply chart effective program use, popular selections, and personal assistance needed by severely handicapped readers.

The implications of these points for the Regional and National Library Services will also require further administrative planning. During the course of interviews with staff and residents, the following suggestions were offered:

Table 4-1a

Implications for Reading and Media Preferences Based on Interviews With Institutionalized People

LEVEL OF CARE: HOSPITALS

Sub-type Acute Care

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. Short-stay (5-6 days) adult b. Recuperation/post-operative; post-cardiac; stroke (may be longer stay); adult c. Patients on dialysis machines; in metabolic units; d. Terminally ill, as from cancer
2. Purposes for Reading	a. Fill time, diversion, spiritual b. Learn about health condition
3. Limitations or Special Needs	a. Often physically disabled (temporarily) and unaccustomed to condition; may require pillow phone, headset and/or remote control b. May read prone c. Typically confined to bed or chair
4. Material Type	a. Fiction or general interest; light b. Non-fiction, instructive
5. Length of Materials	a. Short selections; short stories, articles b. For patients on dialysis or other longer duration stays, longer material may be requested
6. Machine Preference	a. Generally varies for bedridden and chair bound by material & familiarity b. For patients on dialysis or procedures of prolonged duration, tape players may be preferable
7. Where Used	a. Typically in multiple occupancy patient room; b. Occasionally, special procedures such as metabolism work and dialysis may be done in a special suite or room
8. Comments	-Occasionally demonstration machines are available in a reading room or library, but such areas are uncommon for most hospitals

Table 4-1b

Implications for Reading and Media Preferences Based on Interviews With Institutionalized People

LEVEL OF CARE: HOSPITALS

Sub-type Psychiatric

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. Patients receiving medications affecting vision, such as psychoactive drugs b. Patients in recuperative stages
2. Purposes for Reading	a. Diversion b. Build-up attention span c. Reconnect with outside world
3. Limitations and Special Needs	a. Attention and memory may be poor b. May need attachments for private listening due to open-plan design of units (allowing supervision)
4. Material Type	a. Familiar topics b. Magazine formats of varying lengths c. Local interest materials
5. Length	-Short to medium; though some people may be longer stay and appreciate full-length selections, as well
6. Machine Preferences	a. Youths: tape players, unless material is only available on records b. Adults: varies with material and familiarity with machine
7. Where Used	a. Lounge or public area b. Hallways c. Shared bedrooms d. Occupational therapy suites
8. Comments	- Some psychiatric hospitals serve people who have been institutionalized for many years; often it is difficult to see how these people differ from those in nursing homes or other institutions: many are elderly, of varying physical ability and mental alertness, and often of below average socio-economic status.

Table 4-1c

Implications for Reading and Media Preferences Based on Interviews With Institutionalized People

LEVEL OF CARE: HOSPITALS

Sub-type Rehabilitation Hospitals

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. Multiply disabled b. May include some people with neurological and/or brain damage--which may be temporary or permanent
2. Purposes for Reading	a. Diversion b. Major source of information c. Schooling or training/work d. Build-up of attention span
3. Limitations or Special Needs	a. May need person and simple instruction and demonstration on machine/material use; step-by-step and with an understanding of their disabilities; occupational or physical therapy may provide appropriate training b. Full range of adaptive devices may be needed c. May be unable to turn tapes or records
4. Material Type	a. Wide range diversional b. Often these readers tend to use machines for long periods and be heavy readers; much material may be necessary
5. Length of Materials	- Varies; short initially for some
6. Machine Preferences	- Likely to use both if able; type of ability may limit their machine use to cassette recorders or players
7. Where Used	a. Shared occupancy bedrooms b. Occasionally in therapy area for training/teaching (i.e., Occupational Therapy)
8. Comments	- In a few instances, speech and hearing therapists may evaluate the need for and teach use of special reading equipment Ordering material is often a problem due to assistance needed.

Table 4-1d

Implications for Reading and Media Preferences Based on Interviews With Institutionalized People

LEVEL OF CARE: LONG-TERM CARE

Sub-Type Skilled Nursing Homes (SNF's)

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. People may have chronic conditions ranging from sensory loss and arthritis to disabilities limiting mobility: stroke, fracture, incontinence b. Estimates vary on proportion disoriented, but some who are disoriented to person or place can respond to and follow recorded reading matter c. Generally, less than 10% are under 65 years of age
2. Purposes for Reading	a. Diversion; to fill time b. Obtain local news and social information c. Occasionally health or vocation d. Religious practice/spiritual uplift
3. Limitations or Special Needs	a. Adaptations for hearing (& hearing aides) b. May need assistance to set-up machines (or locate them, if shared use) c. May need assistance to locate a place for use, a quiet area d. May be unable to get to central area or find that central area is too distracting for reading
4. Material Type	a. Full range b. High interest, low vocabulary level may be requested--both for those of limited formal education and those with some limits of concentration c. Magazines, short selections--but sometimes on longer-playing tapes
5. Length	a. High demand for items of two to fifteen minute duration b. Some readers will subscribe to full range of material types and lengths
6. Machine Preference	- Varies; some may be more familiar with record player for initial introduction to special reading services
7. Where Used	a. Multiple occupancy bedrooms b. Hallways c. Lounges/recreation areas

Continued

LEVEL OF CARE: LONG TERM CARE

Sub-type Skilled Nursing Homes (SNF's)

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
8. Comments	a. Many nursing home residents are not aware of the subtle vision or other changes that have occurred to them and are very sensitive to symbolic factors that further seem to confirm their age and/or disability; they may not see themselves as "blind" or "handicapped" and therefore be surprised that they are eligible for special reading services. Also, vision screening is not widespread and many staff do not think of their residents according to various reading-related abilities. b. Special training may be required for older readers in machine use; such training needs to be heavy on practical demonstration rather than verbal instruction. c. Special training may also be required on use of 4-track tapes; less complex tapes may be easier for new readers. d. Occasionally use may occur in small groups; staff are particularly likely to do this when the building design is in wards opening on a large shared area.

Table 4-1e

Implications for Reading and Media Preferences Based on Interviews With Instutitionalized People

LEVEL OF CARE: LONG TERM CARE

Sub-Type Intermediate Care Facilities (ICF's)

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. Often self-reliant people who need some nursing assistance b. Wide variations in ability, conditions and mental status from fully alert to quite confused c. Often limited mobility but may be less overall utilization of wheel-chairs
2. Purposes for Reading	a. Diversion/to fill time b. Keep in contact with local and national affairs c. Religious practice/spiritual uplift
3. Limitations or Special Needs	a. Adaptations for private listening that do not interfere with hearing aides; sound control b. May need staff assistance with location of machine/materials and set-up c. (See Skilled Nursing Home)
4. Material Type	a. Vary widely b. High interest, low vocabulary for many but not all readers c. Some demand for short length material and dramatizations, poetry, inspirational
5. Length of Materials	a. Short length but long playing to minimize need for staff assistance (fewer staff available than in skilled nursing homes) b. Also requests for general length items
6. Machine [illegible]ferences	- Varies; some interest expressed also in radio information or radio Talking Books
7. Where Used	a. Shared occupancy bedrooms b. Occasionally in central areas--when used with a group or as background listening to other activities c. Somewhat less use in beds

Continued

LEVEL OF CARE: LONG-TERM CARE

Sub-Type Intermediate Care Facility (ICF)

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
8. Comments	a. When used with small groups of 6-20 (though not widely observed) staff mentioned a preference for light, brief and informative material. Machine type for group uses is less important as staff are available to play the material. Staff also requested material that would elicit some response from residents or allow group discussion. Group use is often in a multi-purpose area where background noise can be a problem for residents trying to attend to material. b. Many intermediate care facilities do serve some younger persons, often who are alert but severely disabled. (See rehabilitation hospitals for suggested implications.)

Table 4-1f

Implications for Reading and Media Preferences Based on Interviews With Institutionalized People

LEVEL OF CARE: LONG-TERM

Sub-Type Apartments for Disabled Adults

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. 18+ year old adults; may be predominance of younger and middle aged people rather than elderly--but, this varies b. Generally quite alert c. In some instances, residents or tenants may have less formal education due to their disability; but, some may be highly educated and work in the community d. Typically multiply impaired
2. Purposes for Reading	a. Vocation b. Diversion c. Education/Schooling d. Community/Contact e. Self-improvement f. Religious, spiritual
3. Limitations or Special Needs	a. Wide need for attachments, adaptations, variable speed b. Staff not generally available although a few severely multiply handicapped people do have attendants part or all of the day
4. Material Type	- Full range and adequate supply
5. Length of Materials	- Full range
6. Machine Preference	- May use both if able in order to take full advantage of media types
7. Where Used	- Apartment livingroom or bedroom; soaking in tubroom (which may be used at different times by residents of various apartments for medically-related purposes); outside
8. Comments	- At present, there seems to be less awareness of special reading service availability among both management and residents of many such apartment units.

Table 4-1g

Implications for Reading and Media Preferences Based on Interviews With Institutionalized People

LEVELS OF CARE: LONG-TERM CARE

Sub-Type Adult Homes, Homes for the Aged, Shelter Homes, Congregate Care, Inn Living

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. Overall slightly more sensory impaired than typical apartment resident b. A few may experience memory lapses c. Use of mobility aides such as wheelchairs may be less common, but ability may be limited and gait slow d. Arthritis and other joint disabilities are common
2. Purposes for Reading	a. Diversion/to fill time b. Keep in contact with local and national affairs c. Religious practice/spiritual uplift
3. Limitations or Special Needs	a. Likely to live in shared occupancy rooms so may require adaptations for private listening rather than just to aid hearing; b. Increased requests for lower voices (which are more readily heard) c. Staff assistance not typically available for regular use of Talking Books d. Institution may not have an activity program (other than weekly programs by outsiders or group bingo); activity staff may be less available e. Sources of information on the program may be from a public library rather than from institutional staff
4. Material Type	- All; heavy demand for large print
5. Length of Materials	- From long to short
6. Machine Preference	- Record player may be preferred if more familiar and no staff assistance is available; both types observed
7. Where Used	a. Shared occupancy bedroom b. Public library if nearby c. Lounges

Table 4-1h

Implications for Reading and Media Preferences Based on Interview With Institutionalized People

LEVEL OF CARE: LONG-TERM CARE

Sub-Type Apartments for the Elderly

CONSIDERATIONS	IMPLICATIONS FOR NLS SERVICES
1. Examples of Reader Types	a. Older people; often fairly able b. Some may have losses in sensory function; tendency to use magnifying aids c. Generally alert and typically mobile (though may use a prosthetic device)
2. Purposes for Reading	a. Diversion/to fill time b. Self-improvement c. How-to: health, finances, legal d. Religious, inspirational e. To supplement television or radio news
3. Limitations or Special Needs	a. Older tenants are typically new users; will need orientation to the program; often staff are limited to security, maintenance and a single manager b. May not be aware of their own changes or may be shy about admitting to new disability conditions c. May require acoustical attachments compatible with hearing aids
4. Material Type and Length	- Full range
5. Machine Preference	- Often can use either if taught patiently; may learn more readily on record player
6. Where Used	a. Typically in apartment living room or bedroom b. May use machines at public library if available and accessible
7. Comments	- These individuals may have learned of NLS services many years ago and continue to associate them with the totally blind.

CHAPTER 5

SUMMARY AND CONCLUSIONS

A SYSTEM OF SERVICE WITHIN INSTITUTIONS

The majority of problems impeding the use of special reading materials appear to be rooted in institutional life and organization rather than simply a function of disinterest on the part of readers. Unfortunately, many of these obstacles are not readily amenable to change by the local or regional libraries or by the National Library Service. However, if the goal is to serve institutionalized people who cannot read regular print, it may be necessary to adapt certain elements of the NLS program and to encourage changes in the casual service delivery systems used by institutions to provide Talking Books.

Two major features of an institutional Talking Book program seem necessary to establish the basis for developing a workable overall reading service:

1. A system or plan needs to be developed that anticipates each known step of the program, from certifying readers to circulating and returning materials;
2. A "champion" or responsible and committed individual needs to be identified and to take charge of coordinating the service.

Very few of the institutions we visited had either of these elements.

An organized system for providing Talking Books may draw on staff, volunteers and residents. The Telephone Pioneer programs, familiar to regional libraries of most states, may provide some models for the voluntary-staff interactions. An organized system for distribution and use of Talking Books will have to be institutionally individualized to build on capabilities of individuals who are residents or patients of institutions.

The reading advocate or champion may serve different functions according the the institution type, size and location. In smaller institutions--which comprised the majority and where we learned that people were "probably eligible, apparently interested, and currently underserved"--program leadership may have to come from outside the institution itself. A reading advocate might work in conjunction with the activities director, but take on responsibilities which would not detract from existing operations and service management.

Orientation and Record-Keeping

Beyond those two essential components, we were offered tips from residents and staff on smaller details of service delivery. Suggestions included: preparing packaged orientation materials; arranging for individual subscriptions for the more self-sufficient readers (i.e., those who could set up and use materials on their own, heavy readers, and those who regularly requested specific selections); developing a format for librarian contact; establishing an organization of readers; and providing formal training for all direct service staff (including nursing assistants and housekeepers) as well as the specialists (in activities, social services, occupational and physical therapy, reading teachers in schools, and private physicians).

We also received numerous requests for audio-visual training aids on how to identify special readers, how to use the programs and machines more effectively, how to interest reticent readers (especially those with physical disabilities) and how to prevent common machine problems. Several staff asked that the libraries work with institutional staff to develop record-keeping systems compatible with the paperwork already required by licensing and funding agencies. At present, there is a high level of frustration evident among institutional staff surrounding the paperwork requirements. Nursing home staff are particularly vocal about paperwork and opposed to services where paperwork takes them away for direct patient/resident care.

Direct Contact with Librarians

Those institutional staff who had been personally visited by librarians appreciated the personal attention and, in several instances, were inspired by the librarians' suggestions to expand their special reading programs.

In the special schools, especially, requests were made for direct contact with regional librarians. Some of these schools did have part- or full-time librarians; and, though well-informed about the program, sought specific information on storage, access and cataloging.

Occupational therapists and activities directors requested assistance from regional or local librarians on integrating special reading services with other rehabilitation and reading activities. They sought information on model operations, on successful ways of motivating people (particularly elderly) as well as ideas for teaching physically handicapped people about machine operation techniques.

We did not interview medical and health staff engaged in health screening, but heard indirectly from nursing and recreation professionals that such programs would benefit from orientation provided by libraries. Similarly, institutional staff suggested that library contact would be helpful to senior citizen housing staff (and social workers, if available), senior center staff, and people involved with special dining programs for older people. We were also alerted to the newly expressed interest of some disability groups on their constituents who have grown old; it was suggested that these groups be contacted despite former disinterest in reading or in other issues including aging and institutionally based care.

Many administrators had met public and/or regional librarians through professional association meetings and appreciated the personal consultation received.

Improvements in Machine Design and Materials Planned for Particular Needs of Elderly Readers

This study indicated that there is a substantial, unmet need for alternatives to conventionally printed reading matter. Needs were more frequently identified in the smaller and less sophisticated facilities which serve the majority of institutionalized people.

While the media has occasionally fueled unrealistic hopes for the demise of all nursing homes or similar institutions, the effect has been to increase the distance between those working and living in such facilities and those involved in the community at large. There is a false sense that institutions can and will be replaced by nationwide home-care and community services, solutions which have yet to be developed or demonstrated as economically feasible (U.S. Senate, 1978).

The fact is that we are not seeing major shifts of people from health care settings to individual households. With the increases in the numbers of people living into their eighties, many government sources predict an increasing rather than decreasing demand for institutional care (U.S. Senate, 1978; Moss, 1978). Thus, we can anticipate that institutions will continue to be a source of demand for special reading services in the years to come.

Some support can be provided for the position that the impact of deinstitutionalization of state mental patients--typically to nursing and boarding homes rather than to households--has further increased the demand for special reading services. Due to the enabling legislation for special reading services, mental insufficiencies have not been recognized as a basis for program eligibility. However, once mental patients (again, often older people) have been placed in other institutions, they are more likely to be viewed as eligible, as least for deposit collection materials. This group of readers may have intellectual needs which also have implications for program materials and machine use.

Institutional users may be expected for a number of reasons to have problems with manual dexterity and mental concentration. An ideally designed machine would be as familiar to operate as a telephone or radio, requiring minimal new learning and adjustment and appearing simple to use by one's self. Except for schools for the blind, there is a high demand in institutions for materials that might play material which lasted for fifteen minute intervals, in keeping with the attention span and time availability of many of the residents or patients. (Several fifteen minute items might be strung together for those with greater attention or time availability. Airlines have developed programs for inflight listening which have multiple formats, some variety in media and yet are fairly simple to operate.) These examples were offered by staff and patients/residents who had reflected on the design and difficulties experienced by many people with NLS equipment.

Participation of Institutional Residents in Planning, Organizing and Using Print Alternatives

Many regional libraries have gathered input from subscribers, emphasizing the involvement more recently of physically handicapped consumers and advocates of people with learning disabilities. Institutional residents have typically had a weak voice in planning and evaluating aspects of institutional life. Perhaps their voices could also be included--at least in the area of special reading services. Institutional residents are not usually involved in consumer panels, except for some of the multiply handicapped young adults and students in schools for the blind. Since there are few models for encouraging participation of institutionalized residents, it may be necessary to develop and share several different approaches.

The Need for Librarians to Fit into The Continuum of Health Care Services

While some have suggested that there appears to be reluctance among community social agencies to approach institutions, the findings from this study underscore the benefits of interaction between library staff with people involved in planning and operating the full range of care options. Though some reports and best selling exposes have disparaged the poor care and poor quality of institutional services, the majority of institutions we visited did not appear inhumane. In some instances, we met staff who were unenlightened--but, even they were not unapproachable. In other settings, we spent time with well-informed professionals whose experiences had implications for a broad range of issues that could be of interest to libraries at the local and regional library levels.

Residents are sometimes inappropriately labeled by staff as "mentally impaired," "victims of organic brain syndrome," or "incompetent." As a consequence of the belief prevalent among many staff that such intellectual decline characterizes nearly all institutionalized people, many institutional programs and environments do not provide for nor elicit the intellectual abilities of people with sensory or physical losses (Butler and Lewis, 1974). We found an overwhelming lack of intellectual stimulation for both staff and residents--and, this appeared to be one of the most significant shortcomings of institutional life. Frequently, both the residents and staff had been nearly deserted by their communities. Lack of intellectual stimulation seemed far more pervasive than the abuses that characterized care of past decades as described in the literature (Townsend, 1971; Goffman, 1961). Undoubtedly, improved library services would contribute to the level of stimulation available to institutional people.

Estimates of the demand for special reading services are compelling: perhaps one-quarter of the population residing in health care institutions--

275,000 non-print readers--would be eligible for and interested in Talking Book services. And, we may anticipate a new 10,000 non-print readers each year, based on new admissions.

Though providing special reading services to institutions will not require starting something altogether new, it may involve reshaping and strengthening a service that is well recognized, widely appreciated, and greatly needed. The task becomes one of fitting the library--an institution in its own right--into the context of the health institutions, rather than expecting the health organizations to bear the major responsibilities for achieving the organizational objectives of the libraries.

The mutual goal of both systems should be to provide a continuity of services that facilitate opportunities for readers of conventional and non-print materials, so that people may be equally well served as they move between community and institutional settings.

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APPENDIX A

CHARACTERISTICS OF INSTITUTIONAL SAMPLE RESPONDING TO MAILED SURVEY

Numbers and Types of Institutions Surveyed

A total of 1,660 institutions, representing about 250,000 people, were included in the mail surveys analyzed. Of these, 27% were hospitals, 1,151 or 69% were long-term care residences; and 4% were schools. Illustrating the differences in size, hospitals accounted for nearly as many people (46%) as did long-term care residences (51%). Tables A-1a and A-1b report the major characteristics of these institutions.

Institutions responded in roughly the same proportion in which they were sampled; slightly more usable hospital surveys were received (more of the long-term care residence surveys were only partially completed).

Geographic Location

Institutions also responded in relatively equal proportion to their geographic distribution across the country. Slightly lower response rates resulted from southern long-term care institutions, which tend to be smaller. The institutional respondents were nearly equally distributed among "urban (32%), suburban (33%), and rural (35%) locations." This somewhat overrepresents rural facilities relative to the U.S. distribution of institutions.

Date of Establishment

The institutions surveyed were generally more than ten years old; only one out of seven had been founded after 1970. Hospitals and schools tended to be the longest established, with about half dating to before 1939, compared to one of seven for the long-term care facilities. Most recent facility construction had occurred among long-term care residences; 17% had been established since 1970; this reflects the growth in the numbers of people living into advanced old age and the availability of Medicare/ Medicaid funding for long-term care since the mid 1960's.

Sponsorship*

The institutions surveyed responded in rough approximation to their national distribution by type of sponsorship. For all institutions surveyed, responses were received from 47% proprietary (for profit), 31% voluntary (not-for-profit), and 22% government-sponsored institutions. Each level of care has a distinct pattern of predominant sponsorship and these are reported on the accompanying tables.

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*Among health care administrators and policy makers, there is a deep controversy about the issue of sponsorship of health care facilities. Some take the position that profits are made at the expense of the ill or needy in the proprietary institutions, where profits are returned to owners. Others argue that non-profit facilities are wasteful, expensive and are offered only to select members of the older population who belong to religious congregations or hold selective memberships in trade organizations. Public facilities have their own set of stereotypes; they are sometimes criticized for their large size and community isolation. Complex methodological issues have been raised by efforts to measure quality of care and will have to be resolved before meaningful conclusions can be drawn about the relative merits of each ownership type. (U.S. Senate Subcommittee on Long-Term Care, 1974). Some states do not allow hospitals to incorporate under proprietary ownership.

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Age

Across institutions, about three-quarters describe their population as predominantly 65 or over, the remainder serve a greater proportion of younger persons. The majority of hospital patients tend to be younger than 65. In contrast, 85% of the long-term care institutions serve a population primarily 65 and older. Nearly all of the schools (96%) reported a younger population; the remaining 4% are predominantly small homes for retarded adults.

Length of Stay

Hospitals surveyed followed the national trends; three-quarters reported that patients average a stay of less than one month. The other one-quarter are typically psychiatric, rehabilitation or geriatric hospitals. Ten percent of the hospitals had average stays of less than five days; 54% had averages of five to ten days; and 13% had averages of 11-29 days. These very short terms do not allow much time for ancillary services such as training to use recorded books and magazines. Long-term care residents, however, tended to be institutionalized substantially longer: 33% of these facilities reported that resident stays average four years or longer; 49% reported longer stays than three years; 49% reported stays of one month to two years; and 2% reported stays of less than one month. About half of the schools reported average stays of one month to two years and half reported stays of longer than three years.

Sources of Payment

The various sources of funding from which institutions receive payment for the services require extensive paperwork for institutional staff. Many institutions receive third party payments from multiple sources. Extensive record keeping is a fairly new requirement for many long-term care

APPENDIX TABLE A1

Characteristics of Institutional Sample; NLS Mail Survey

		Type of Institution		
CHARACTERISTIC	All	Hospitals	Long-Term Care	Schools
Respondents				
Sample Size	1,660	449	1,151	60
Percent of Total	100	24	69	4
Residents/Patients				
Number Within Institutions, in 1000's	254	116	130	8
Estimated Percent Within Institutions	100	46	51	3
NLS Region-Percent of Institutional Type*				
North	23	21	23	33
South	20	29	17	15
Midlands	33	28	35	28
West	24	22	25	23
Total	100	100	100	100
Community Location: Percent of Institutional Type				
Urban	32	29	30	41
Suburban	33	30	42	26
Rural	35	41	28	23
Total	100	100	100	100
Date of Establishment: Percent of Institutional Type				
Before 1939	26	51	15	54
1940-1959	22	23	21	23
1960-1969	38	17	47	17
After 1969	14	9	17	6
Total	100	100	100	100
Sponsorship: Percent of Institution Type				
Private/Proprietary	47	7	64	10
Voluntary/Non-Profit	31	50	24	47
Governmental	22	43	12	43
Total	100	100	100	100

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*See Volume 2 for comparisons based on census regions.

APPENDIX TABLE A1
continued

		Type of Institution		
CHARACTERISTIC	All	Hospitals	Long-Term Care	Schools
		percents		
Age Distribution				
Most people under 65	51	11	96	23
Most people over 65	24	85	4	73
Percentages under and over 65 are about equal	24	4	0	5
Total	100	100	100	100
Length of Stay				
Less than one month	77	2	0	22
One month to two years	14	49	51	40
Three or more years	9	49	49	38
Total	100	100	100	100
Source of Funds*				
Medicaid	76	78	50	77
Medicare	73	34	13	43
Private Paying	74	88	42	83
Private Insurance/Pension	66	14	10	27
Veterans	12	5	7	7
Federal Government	11	6	47	9
Unspecified	19	8	27	11

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*Percents add to more than 100 because of multiple funding sources; n = 1,194.

institutions, and staff almost universally voice concern that paperwork deflects time from direct personal care, such as would be required to provide special reading services. In most long-term care facilities, rates paid by the state to institutions for Medicaid patients are established by law; some administrators note that rates have not been increased to account for higher wages, new requirements and greater demands for social/personal care services.

APPENDIX (B)

EXAMPLE OF RECORD-KEEPING SYSTEM

Note: One facility, visited as part of the field studies, had a notebook and record-keeping system for special reading services. Material in the notebook had been adapted from state regional library and NLS handouts and from personal experiences of the volunteer. The contents of this system are presented here as an example of the type of system that at least one facility found helpful to keep track of materials, readers and provide a guide to volunteers.

CONTENTS ON INSTITUTIONAL BINDER
A LOOSE-LEAF REFERENCE ON
TALKING BOOKS

Item	Explanation/Contents
1. Background Sheets	Each participant has a page that lists the reader by name, language, room #, date signed up, types of books preferred; type of machine and machine identification number
2. Ordering Materials	Mailing envelopes pre-addressed to the Regional Library; catalog of Talking Books available; Strings to notify Regional Libraries of damage or breakage; Registration Applications
3. Ordering Records	Worksheets showing who ordered what, when, date arrived (if arrived). This was coded: I = came in; O = signed out; P = held in institution's library storage
4. Information on Orienting New Readers to the Program	Instructions highlighting the need to go through the catalog with the reader; make initial selections with/for reader; details on distinguishing group deposit from individual users; instructions for preparing reading lists; operating instructions for Talking Book users
5. Suggestions for Volunteers	Hints on use of the program in this facility highlighting needs of handicapped readers, need to work slowly, value of demonstration, common problems
6. Assorted Pamphlets	Information sheets and Regional Library memoranda

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Numbers in parentheses refer to case study numbers. All case study names are fictitious; any resemblance to actual facility names is accidental. Some details of personal profiles have been changed to protect anonymity of individuals described.

CASE STUDY #1
CHURCH CHAIN NURSING HOME

The Institution and People

Church Chain is a sweeping, one-story structure which has had several new additions over the past few years. It is one of many such homes operated out of a central office of the sponsoring denomination, but it accepts people of all faiths.

The home's orientation favors hospital-style acute care over some of the more progressive "whole person" models of service. But the people are mostly typical, long-term care elderly. Some could not endure the loneliness of their former residence, noted the administrator, but the majority have some health condition that warrants nursing attentiveness.

The home is a large one for a small town (nearly 150 residents). It does not have the close, neighborhood affiliation that characterizes some rural nursing homes. Both residents and staff come from some distance; few of the residents knew each other prior to coming here, but many of the staff have known each other from a hospital which formerly employed them.

The home has had some financial problems; it has upgraded its nursing staff but cut activities and social services to comply with its increase in size. Residents have been told of the problems of the budget and are sympathetic with the cut-backs; they do not want their rates increased.

Activities and Reading

Despite the additions, the space for recreation is limited -- either to bedrooms or to a "claimed" visiting lounge. Most people still take their meals in their bedrooms because they cannot be accomodated in any of the three communal areas.

Older people who are "self-starters" are often industriously occupied in their rooms, mostly involved in crocheting commissioned articles for their family, friends or staff. There are no activities of particular interest to men, a fact that men commented on. A small group of about ten to twelve women take part in group production of salable, stuffed and yarn animals for bazaars. Another twenty-five people spend most of the day sitting and talking or watching television in a central lounge area. Residents supplied their own reading material; reading was not common.

NLS Services in General

There was one older NLS record player used for background music in the activities area. The activities director did not know where the machine came from, it was not used for playing books. It could not be determined whether this machine had been assigned to an individual or as a deposit collection.

The nursing staff had good charted records on visual ability of residents. About 50% of the people, according to their records would have been alert and eligible for the program based on vision-needs alone. But nursing staff did not associate Talking Books with their type of institution, believing that their population was too old, had too much residual sight, or would not be able to master a record player or tape recorder. Of nine nursing staff interviewed, none recognized the service as a program of the library.

Nursing staff were aware that some residents did have record players or tape recorders. Though not listed anywhere centrally, it was possible to fairly quickly locate a number of people who possessed machines by speaking with nursing assistants and housekeepers (who were familiar with the sound of recorded materials).

With one exception, the six people who had machines in their rooms had not listened in the past three to six months. All had been introduced to the program after moving to the nursing home by a church intern (who had since left).

Non-use was related to inability to get to or use the machine independently and to a surprising lack of new reading material. In two cases, non-use was also partially attributable to a change in interest and ability.

One woman had an NLS machine but used her own purchased model for listening to NLS material. She, however, had purchased or was given a great deal of taped material by friends and family because her seriously contracted hands made re-packaging library materials a problem. She had not asked others in her family to send materials when she became worried that she would not be able to return library material on time. She had been given her own machine by family members who did not know she had access to a free machine from the library; but she found the controls easier to operate and it was less likely to jam and therefore preferred it. She listened about five hours a day. Because of her disabilities, listening to Talking Books was her major pastime (other than receiving visitors).

Comments

This institution was involved in a heavy program of in-service education. The in-service staff member indicated an interest in any material on the handicapped or vision impaired. Staff were dubious that they would be able to increase the amount of personal assistance given to residents in the future. Talking Books, several nurses noted were not a nursing function and activities staff had been cut.

No one knew whether the volunteer situation would improve. Sometimes they were sent volunteers by the churches and did not know what to do with them. No staff were formally assigned volunteer coordination functions.

Key Words

Possession/Limited-No Use
Privately Purchased Machine and Materials
Advocate/ Need For
Confusion on Machine Assignment
Activities Program: Space-Specific Product Oriented
Former Users

CASE STUDY #2
CHURCH RETIREMENT COMMUNITY

The Institution and People

Church Retirement Community is not the largest nor the most sophisticated geriatric center in the U.S., but is a very well-established and a caring community with a proud tradition of personal attention to its many older people.

It has two sections to its campus. A more residential area, where small cottages provide housing for couples, complete with a lawn and all the amenities of suburbia. There is a home for the aged, looking more like a prestigious building on a major university than an institutional residence for the elderly. The community provides a sense of small neighborhoods; driving through is itself a delightful experience. The lawns, greenhouse and ponds are all beautifully kept.

There is also a large nursing home, separated by a thick line of trees that obscure the vision of one part of the campus from the other. (There are even separate drives.)

Each part of the campus has its own sub-unit of staff, its own admissions policies, directors and procedures. But, the complex is operated as a life-care complex; once people move here they never need find another home. Though the campus does not provide a hospital, they can attend to a number of other health needs. This "life care" complex is patterned after the newer models; people do not give all of their belongings to the management, but do make a substantial initial payment of several thousand dollars. Care is more expensive than other options in the community, but many amenities offered here are unequalled elsewhere in this part of the state.

The people vary widely in their health needs. Some of the cottage dwellers continue to work at jobs, travel, and maintain life pretty much as they formerly had. Others are quite limited in health and agility and are served by the nursing home. In the home for the aged, most people are mobile without any sort of wheelchair, but they must be somewhat impaired in memory or sensory function.

Nearly all residents have been recommended by their churches; they share the same religious background but come from as much as half-a-state away. All are caucasian, except for one nursing home resident, in a community where about 12% of the population is black. The entire campus serves about 800. There are no day services for people of the community or city, but residents do partake of community events and activities.

Activities and Reading

This population is fairly well educated, though not necessarily through just formal school. There is a wide variety of activities offered throughout the campus. Many are resident operated; and a full staff of activities professionals is evident for each building.

Reading is prevalent. There are well-used libraries in each of the institution's buildings. Activity directors and resident volunteers assist in keeping track of books or circulating them as necessary.

NLS Services in General

Residents of the cottages who subscribe to the program do so as individuals. The majority of these are vision impaired people and appear to have learned of the program from a local library source or from each other. There are a few handicapped people in the apartments, but they are not typically users. If one needs assistance and asks for it, a volunteer or activity staff member from another section of the campus will help order material. No count has been made of how many people in these houses or apartments use the program; residents themselves estimated about 2% of the households had a machine. However, the complex has recently expanded and serves many fairly "young" people, and they cautioned against going by this -- suggesting that we let everyone "age" another five years and then see.

In the home for the aged, the Talking Books Program is provided through the combined efforts of staff and residents. Residents assist by watching the mail, sorting out Talking Books and delivering them to any readers who are unable to come to the desk themselves. These residents are quite knowledgeable about the program, though they are not themselves users. There are both individual and institutional subscribers among the residents of the home for the aged. Most found out about the program prior to coming here or from other residents. Of the twelve users, three had learned of it from the activities director. The activities director keeps a notebook on all users, records their approximate circulation cycle and anticipates their needs for additional material by visiting them prior to the time that they will run out of reading matter. A "store" or supply of "classics" is also kept by the activities director to be used should material not be delivered in ample time. Most readers use the program in their own single- or double-occupancy rooms.

In the nursing home section, there is a staff member who is assigned to "personal care" services. This includes shopping, acquiring personal items (clothing, special cosmetics), and Talking Books. She has as a formal part of her job description reading to people as well as assisting with special reading needs. She has had this responsiblity for four years "first, informally, when we expanded and saw the need for the program," and then as a major portion of her daily tasks. She sees about four to six readers of the nearly 350 institutional patients each day. There are 17 regular readers in the institution and an additional 20 who read about monthly. Most are vision impaired. The nursing home became involved with special reading when a local service group of medical professionals provided facility wide vision screening. These professionals worked with staff on the most appropriate follow-up for the many vision needs discovered and recommended Talking Books.

As part of this follow-up, most of the supervisory personnel attended a series of workshops on vision abilities and rehabilitation needs; it included a talk on mobility training and an introduction to Talking Books. The major problem now is that there are too few machines for the demand; when the state experienced a shortage, they turned back machines and have not received replacements.

As part of the institution's policy, Talking Book readers may receive some priority for private bedrooms when they become available. People in shared occupancy rooms have been issued headsets, but some have found these difficult to use in conjunction with their hearing aids, so schedules for listening have been worked out so roommates would not be disturbed. There have as yet been no volunteers involved in this program. People speak about their reading informally among themselves; but there is little sharing of material because some of the readers subscribe as individuals.

The machines are kept on portable tea carts and the cases of reading matter are stored in "organizers" underneath, according to the type of material. Deposit users have a choice of machine type. Two of the individual subscribers also occasionally borrow a machine from the institution to listen to selections not available in the media appropriate for their subscription machine.

The users are predominantly vision impaired, though many of them have some physical handicaps. In addition to the Talking Books, a wide selection of large print is available and the personal care staff member will read to people.

The activities director (not to be confused with the personal care staff member) notes that the only reason there may not be more users or more regular users is that there are so many other leisure activities offered.

Comments

The staff of this institution are very interested in a full-service program. Nursing staff members will occasionally supervise use of Talking Books (using the deposit machine) for a severely impaired individual (kept on the small, contained ward); however, use among mentally impaired is otherwise not typical.

There was no suggestion among the staff that there was anything unusual about having a staff member assigned to the special reading services; reading was given high priority throughout the institution in all of its facilities.

Key Words

Model Services
Staff Assigned to Talking Books
Headsets
Use: Heavy

CASE STUDY #3
CITY PARAMILITARY APARTMENT COMPLEX

The Institution and People

City Paramilitary has the aura of something between a very social apartment, a large adult home, and a military barracks. The buildings and public areas are beautifully kept and thoughtfully appointed. There are few staff for the 300 dwellers: beside the director and social worker, the majority of the staff work as receptionists/operators, in maintenance, or in the dining service.

This is not a nursing home; though a visiting nurse drops by. Repeatedly, staff point out that this facility is oriented toward the self-reliant; that an individual must have unusually good family commitment because family assume responsibility for all personal needs (shopping, visits to physicians, even most leisure activities).

The goal is unusual but this type of service is becoming more common. By setting high standards for family involvement, costly staff are not required and City Paramilitary offers a very inexpensive residence and meal service. But the people frequently become dependent (six were over 100 years old) as they age in the building.

Activities and Reading

Along one side of a centrally located living room is a series of well-stocked bookshelves of both library books and donated selections. Residents gather in front of them, sitting in comfortable chairs, bringing their own books and alternately reading and chatting. Residents concur that reading is a popular pastime. This setting was unique because TV use was controlled and therefore did not dominate the lounge activity continuously.

NLS Reading Services in General

There are many individual subscribers to Talking Books (over 10%). Most residents had learned of the program through family members. The administration would not accept deposit collections here because the philosophy of care demands that residents be self-reliant or leave. (It is felt that even referring people for Talking Books would signal staff intervention or excessive attention to disabilities rather than capabilities). However, there is no administrative prohibition on resident-initiated subscription (which was viewed as an example of effective self-care)

There are three people who posess machines and do not use them: one cannot concentrate on the material, one cannot play his machine for fear of disturbing his domineering roommate. (He did not know about earphones and was terribly distressed over possessing the machine and not "making good use of it." He also does not know who to contact. "I suppose if I ask for anything they might take away what I have. I didn't pay for this, you know.") A third resident prefers "the radio network for the blind" and has stopped listening to Talking Books since it has been broadcasting.

Comments

One man, legally blind and having contractures in his right hand, uses the packing cardboard from the flexible discs for "canvas." He sees to paint by using an intricate combination of bright light, magnifiers and bold paints. (He can't afford canvas and was tickled to learn that his favorite sports magazine is wrapped in these "bonus boards.") He is over a hundred and hopes to "live out the days reading Talking Books and painting on their 'bonus boards.'"

Key Words

Apartment complex
Individual Teachers
Possession with Both Users and Non-Users

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CASE STUDY #4
COMMUNITY GENERAL HOSPITAL

The Institution and People

Community General has just expanded to nearly 600 beds. It is the only hospital for the area that operates as an acute care setting; it does not provide psychiatric or cancer care for the terminally ill, but does offer all other major services.

The hospital has traditionally emphasized in-patient care. It is currently involved in a series of planning studies and considering what forms of out-patient services (other than emergency), community education and outreach programs it may want to offer in the future. It is known in the community as a good hospital, but rather conventional.

The hospital administrators were recently surprised to find out that their patient population was much older than they had suspected and that older people were accounting for many of the re-admissions. The hospital refers most of these older people to the community's many nursing homes and homes for the aged. There is some home care, but it is not widely available and is used only for short-term, because after about two months, people must pay a high price to continue these services themselves.

Most of the medical services are provided by private physicians; there is only one full-time staff doctor. The hospital conducts no research; it used to be a teaching affiliate and nursing school, but those programs have been discontinued. The major topics of interest to Community General are currently child abuse, pre-natal care, and post-cardiac rehabilitation.

There is a new and beautifully appointed physical therapy unit which runs individual and group treatments. A speech and audiology unit are also being developed on the premises.

Activities and Reading and The NLS Services in General

"A few years ago we would have laughed at a question about our activities; we were a hospital's hospital," notes the executive director. Now, we are investigating a number of possibilities -- at least at the planning level -- for services that might require such ancillary support.

Currently, the hospital meets the demand for activities by using volunteers. There has been a volunteer coordinator on staff for almost ten years; but active recruitment and assignment of volunteers has become more systematic in the last two years. Volunteers now provide transport assistance, and can be called on by nursing staff to write letters or read. They also circulate mail and bring a book and magazine cart every other day to every unit. Still, "there are more volunteers than good utilization of their time," notes the hospital's director. He has considered creating some special activities--beyond transport. gift shop, and book-cart for the volunteer workers, including assistance with the terminally ill.

The discharge planner is involved with organizing the assignment of patients to the appropriate after-care, including arranging for the filing of appropriate forms, explaining payment options, and even some follow-up. She sees both people in their own homes or families and people in nursing homes. "The big problem of after-care is often time on one's hands and the unknown future," she says. She sees many people who might be eligible for something like special reading services, though she has "never promoted the idea."

The social worker is concerned about the people who have to lie still while in bed. "We have people in the dialysis unit who are alert but must be quiet for hours; people in special mattresses in physical therapy who are recovering from bedsores they get from nursing homes; people who cannot shift due to burns or dressings that shouldn't be moved." She noted that they had never referred any of these people to Talking Books. "You know, if any one of them had been blind, we might have found out that the program could be used for a wider group of hospitalized patients, but we didn't know that."

The director of nursing commented that she felt that there would be adequate staff to assist someone to turn over a tape or set up a machine. Her worry was keeping machines and tapes together and knowing where they would be stored when needed or not in use.

There is no occupational therapy program at present; any rehabilitation done is provided by the physical therapist. "We see people who have the limitations in hand use or strength that would make them eligible for Talking Books, but we've never referred anyone to the program. It would be within our function, we tell them about some other adaptive equipment... eating utensils, special clothing. We just never were really aware of reading needs of handicapped people...the program would make sense. Most of the people who receive physical therapy have been judged mentally competent...."

No one could estimate how many potential users there might be at any given time. Records are not kept in such a way that it would be easy for any department to make such a determination: vision exams might appear on one order, physical evaluations on several other charts. The records clerk thought that a special form would have to be devised if the program were to be readily available -- and noted that if any other alternative to another form could be found, it would make the service far more attractive and acceptable to the staff.

Key Words

Nonpossessor/Non-user
Hospital
Not Aware
Volunteer

CASE STUDY #5
COUNTRY HOME

The Institution and People

For twenty-two years this same house has been used to care for about fourteen old people. The house is licensed as a Home for the Aged. People who live here are not supposed to require nursing assistance (there are no staff with formal nursing training). It has four bedrooms, a small, quiet living room, kitchen, porch and two bathrooms. It is very dark and quiet.

Staff include the owner (who is also the primary care-giver), a handyman, a cook, and a part-time housekeeper (who assists with bath and feeding as necessary).

There is little contact with the townspeople. Most of the fourteen residents have no family available and have been here for eight or more years. (Record-keeping has just begun within the month; the only method the new owner has of knowing the length of stay is the old ledgers).

The old people are noticeably thin, lacking in alertness and did not appear to be accustomed to conversation. (It was one of the very few places where it was not possible to conduct a complete resident interview.) The owner repeated my questions to residents, but responses were limited to general group assent. Not one resident uttered a complete sentence to me or to the staff.

The residents had some of the appearances of state hospital patients. One was deaf, one sat in a chair curled like a baby. Four were in bed (two with catheters). Drugs were administered (although there seemed to be an effort to wait for me to leave to do so).

The bedrooms are very personalized: wooden bedframes, quilts, and no closets so all possessions were colorfully displayed on racks. Most of the space was taken by the beds. (Once some people had been cared for upstairs, but that area was blocked off and no longer licensed due to fire hazard and the steep stairs.)

Activities and Reading

Evidence of reading matter was minimal. One woman did have some paperbacks; there were Bibles and some very old magazines. Major activities seemed to center around daily living. The owner did not know whether or not the residents were literate except the one reader. She had not seen any read for themselves since she had been the owner -- about a year. There were no volunteers and only one woman had a monthly visitor.

NLS Reading Services in General

The owner sees little likelihood that anyone would use Talking Books. She would prefer to read to them herself; she believes listening to a machine would be confusing to them.

Comments

Kool-Aid is listed on the menu as the dinner beverage for two nights this week.

The owner commented that for most of these women -- all of whom she said were very poor -- this is the best home they have ever known. The only other option within their means, she felt, would have been a distant state hospital.

This type of personal care service home did not appear to meet the needs presented by the women; however, it was not substantially different as a small residence of this type from the others, similarly licensed in other states that were visited.

Key Words

Non-use
Adult Home

CASE STUDY #6
DESERT PAVILION NURSING HOME

The Institution and People

Desert Pavilion appears much like many other single story, inexpensively constructed nursing homes. It is located in a residential area of a strip development city. It is the only facility in town providing skilled nursing care; although the residents range from ambulatory, able-bodied to fully, physically impaired. Most every resident is elderly.

There are many people just sitting in a row in each hall, many naked bodies loosely draped under sheets, and so many wanton glances and empty faces.

Attention has been lavished on the environment if not the residents. Art work, a canopied dining room and harmoniously color-coordinated furnishings are offered throughout.

About 40 of the 125 residents are up and dressed. There were many apparently vision impaired or handicapped residents, but records are not kept on vision and it is not anticipated that the disabled would be able to do anything. Drugs are the primary form of treatment; even the more able are heavily sedated and commented on poor attention span for close-work.

Professional staff are lively, well-educated in non-geriatric fields and conversant with new ideas for care. There is a constantly voiced wish that "these people were able enough to enjoy the kinds of things other homes do." (Residents did not seem particularly unique; acute care is readily available elsewhere.)

Activities and Reading

The activities director was new, lively, but oriented toward the more able. Most activities were focused on large group social events. But she provided a comfortable living room-like atmosphere in the activities room. People came there regularly, not so much to do crafts or group work as to enjoy her company and the easy conversation of each other. Books were available here and there was evidence that the capable people would drop by for magazines or an occasional volume.

NLS Reading Services in General

The institution had just acquired three players. They were placed on sewing machine cabinets so that the activity director could store materials and machines and yet easily roll them to the user as needed. She was unclear on how many people used these deposit machines. She sometimes previewed material in the living room/activity area where about 8 - 10 people gathered. But most of these were print readers. There did appear to be eligible people, but obtaining information on their interest was not possible due to the unusual difficulty encountered in communicating with people. (Drugs? Unfamiliarity with people talking directly with residents? Discomfort with staff also present?)

Comment

Though this site was not large, more time would be required to understand the disuse observed. From the limited time spent it would appear that staff perceptions of resident incapability have led to heavy sedation and the prevailing attitude that "people just get old and don't function any longer" -- as a nursing staff member noted.

Key Words

Possession/Low Usage
Controlled Machine Distribution
Nursing Home
Stereotyped Inability

CASE STUDY #7
DESERT TOWN NURSING HOME

The Institution and People

Desert Town Nursing Home is in a community founded almost without industry as an outgrowth of real estate advertising. The community attracts many old people, but lacks services necessary to support them.

The residents are a mix of Anglo-American and Indian; a mix of physically disabled elderly and younger disabled; and a mix of income levels. Few of the residents knew each other before coming to Desert Town. The staff is lively and have become increasingly committed recently, an attitude they credit to the openness of the new management.

Activities and Reading

The newly retained activity director has had some experience in hospitals and rehabilitation institutions and brings a high commitment to service and quality programs. She has developed a program with no real budget. She works with the physically and mentally impaired in small discussion groups. The area for the recreation programs is centered in the building in space that is generally also used for lounges.

The nursing staff member supervises a large section of one lounge where people would otherwise be sitting unattended, she ministers to needs and sometimes engages them in activity. These are perceived, however, as unworkable, confused residents, and in reality, any activity is generally minimal.

There are volunteers but they do most of their service outside the nursing home-- like making a scrap book or decorations -- and do not interact with the people directly.

Much of the activity is staff entertainment of the residents. The activity staff member is central to most programs, things people do on their own in rooms are not considered activities, nor are they chartered or encouraged. Reading is an example of such an activity. There were print readers but these people were the source of frustration to the staff because they would not socialize. There were no library books; one very small shelf of outdated Reader's Digests and condensed books constituted the only institutional collection of materials. A few residents subscribed to magazines. There was no formal program for taking print to the readers.

NLS Services in General

There were eligible readers and one woman possessed a machine prior to coming to the facility. She did not use it, perhaps owing to difficulty concentrating which she hoped would be abated soon.

The institution had acquired a deposit collection within the year, they had learned of the program through a visiting in-service program on mobility training for the blind. About eight residents were gathered by the activity director about once a week to listen to the program. Children's Bible Stories were selected by the activity director and played for the group. Most of the residents interviewed did not realize that they were listening to recorded material.

There were potential users among the disabled population as well, but these people were not served with the program.

Comments

The activity director was very articulate about her support of Talking Book services. However, we came away with the strong impression that access to and use of the program was dependent on establishing a good relationship with her. She was opposed to individual subscription, fearing that that would encourage people to anti-social activity. She tightly controlled the machine and materials and had no plans to teach people to use the program on their own. In this home (in contrast to several others) NLS services were being extended to the less alert but not to the moderately impaired.

Key Words

Controlled Access
Group Use
Emphasis on NLS Services for the less alert
Individual vs. Institutional Subscription News

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CASE STUDY #8
GOODPRICE NURSING HOME

The Institution and People

Goodprice is a small, cinderblock, two-story bungalow in a bustling port town. It is prominently advertised in the phonebook as the least expensive nursing home; it almost always has a vacancy. Goodprice serves about a dozen mentally retarded adults as well as providing shelter and nursing care for about thirty old people. The building is not particularly attractive; the exterior is dirty, a neighbor (asked for directions) referred to it as an "eyesore on the block." (It has no sign.) The interior is a dark amber brown and the flooring is loose, missing tiles and wet in places.The building is surprisingly new but appearance has fallen due to poor quality materials and limited upkeep. Perhaps similarly, the people are more disabled -- more limited in their functioning -- than one would anticipate from their diagnoses. The mentally retarded are daily bussed to a sheltered workshop operated by the state.

Activities and Reading

A harshly lit large dining room (which also serves as staff lounge) was added this year and is used for activities. But the majority of people spend most of the time in their two-person rooms. The activities area is sparsely furnished with two tables, a couch, several chairs and a television. It is the place people frequent when they want to smoke and is nearly blue from smoke haze. Goodprice has just assigned a housekeeper to the position of activities director (due to regulatory agency pressure to meet this two-year old requirement; the housekeeper was not replaced).

Activities programs must be cost free and have included games, some crafts (using magazines, scissors and reclaimed objects such as old stockings). Outside entertainment is solicited and is popular with residents. Most activities sessions center on decorating the building or providing group parties. Spirit among residents is high and there is an unusually great amount of frivolity and noise -- often more noticeable when the mentally retarded people are present with the elderly.

There was an inordinately high rate of reading occurring at Goodprice. Nearly all the elderly people were involved daily in some form of reading; several read to mentally retarded residents or helped mentally retarded residents to use large print children's books.

Building lighting was poor; hallways in some areas were lit only when bedroom doors were open. Room fixtures often had burned out bulbs. But residents had obtained prized reading lamps through a number of outside sources.

The library has been attentive to the needs for printed matter and provides rotating collections of books. Unfortunately, they bring too few paperbacks which are light and easy to hold, commented several readers. (Arthritis is prevalent.) The mentally retarded patients (who are allowed to go for walks with an elderly companion) are often encouraged to rummage refuse for discarded paperbacks (these "book missions" are a source of great adventure and merriment to all).

NLS Services in General

"Talking Books" was not a familiar term to staff or residents. Several residents who can no longer read themselves (as their roommates do) thought such a program would be fine and helpful ("if the owner don't try and auction off the machines" noted one resident). After hearing about the program through the planning for our visit, the director of nursing sent in an application and seemed willing to try it. She was concerned about who would teach the residents and where they would use it; there were no volunteers and few family visitors. She was also very interested that the existing print needs be met; large print, paper backs and books readable by the mentally retarded. She has never met the librarian or person who provides the books because deliveries are made in the afternoon after she and the other day shift staff (who work from 7 a.m. to 3 p.m.) have gone home.

Comments

This home provided a scenario of both negligence and abuse: examples readily observable from just a few hours in the home. The facility had been continually cited by various regulatory agencies and was always being threatened with closing -- but there was no place to move the residents. The three business owners have rarely been on the site; staff openly describe their low morale; the budget is so limited that staff worry about getting paychecks that won't bounce -- again. Goodprice is a place where staff "break in," gaining experience and joining the local union, or move onto another nursing home. At least four residents had some glaring basic health and comfort needs. Both residents and staff referred to episodes of physical and sexual abuse involving the former staff and administration. These were a matter of public record (newspaper clippings on one episode were posted on a resident's bulletin board).

Despite all of this, reading was a mainstay of activity.

Key Words

Example of Negligence and Abuse
High Volume Print Readership
Intermediate Care Facility/Partnership
Elderly/Mentally Retarded

CASE STUDY #9
HANDICAPPED COMMUNITY RESIDENCE

The Institution and People

Apartments planned especially for the handicapped have been growing in numbers throughout the United States and provide an alternative to nursing home residence for many young disabled people.

Handicapped Community is unique, based on the premise that each admittee must be able to perform a job or task or part of a job or task which provides some income, sometimes in the adjacent sheltered workshop. The community is staffed primarily by residents. The community is deeply religious and its facilities also serve as a religious retreat and vacation spot for handicapped people from all over the U.S. Most of the residents are severely impaired in mobility and many have limitations affecting dexterity and strength; but, as a rule people with psychiatric needs are not accepted. The community includes small houses, apartments or rooms (much like a college dormitory) and several activities buildings, dining areas, and a small nursing home wing.

Activities and Reading

For the most part, activites are self-directed. The surrounding community is very rural and the residents are not exposed to as many of the typical "showcase" performances of community groups. Daily life is a combination of solving life-care tasks, working in the sheltered workshops (when there are jobs) or getting to another activity building for restorative crafts. A staff of creative leaders, working in spacious, well-appointed facilities, affords opportunities for work with clay, weaving, handicrafts and the arts. Few "kits" are evident as a mainstay of the programs. A few residents take educational classes on site.

There does seem to be "time on the hands" for many, who are not working or who have yet to find a craft of interest. A recently shuffled staff member (from PT to activities) is at a loss for providing for the activity interests of the residents who are craft-oriented. There is a specially designed swimming pool, now open to the surrounding neighborhood residents, perhaps because of underutilization by the disabled residents.

Many of the residents have been raised and schooled in public or private institutions and have been exposed to activities programs for years; these are sophisticated consumers who are wise to "make work," and comment that having such a program would make this a nursing home.

Print reading was not widely evident. Lighting in rooms was not particularly good. There were small and large shelves of books in several parts of the building. Residents pointed out that many of them had not been to public schools and did not come from a tradition of reading.

NLS Reading Services in General

Most residents had learned of Talking Books prior to coming to this community. There were many stories relayed on the theme of "how good it was to learn that these were for us." Administrators greatly underestimated the number of users. All subscribe as individuals. One resident served as an informal spokesperson on the program; telling new, eligible residents about it and sharing information on repairs and "good reading." There were many other potential users apparently not identified or aware of the program. Reading took place in private apartments, so often people who met in public areas were not aware of who used what medium for reading.

Comments

Though people seemed well versed in their own abilities and limitations (far more so than most elderly), there are some questions raised by administration about the potential demand for special reading services among the residents. Direct contact with the users might be important.

We also interviewed many people with speech impairments (there was no speech therapist) which resulted in another type of isolation that is typically described. (We wanted to have more time to listen to those who were so impaired. Many had Talking Books and wanted to feed back ideas.) We were also struck by the subgroup of muscular dystrophy and multiple sclerosis patients for whom Talking Books are very important and many seemingly simple operations were terrifically time and energy consuming: placing a needle in a groove, opening a record or tape mailer, re-mailing, storing and sorting through records.

Adminstrators had discouraged us from coming, repeatedly commenting that this community was for the handicapped ("and the blind don't really qualify"). We came with the understanding they had no machines or users and found at least 14!

There was great potential for a really effective and necessary program here.

Key Words

Handicapped
Eligible probably exceed possessors/users
Residents initiated Talking Book Services

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CASE STUDY #10
LITTLETOWN

The Institution and People

Littletown is a small, city-sponsored nursing home, located in a very rural part of the midwest. Little City is one of the largest population centers in that area of the state, but has only 800 people.

Littletown nursing home has a strong European flavor, not unlike the resident population of the surrounding farms. The men are typically dressed in farm overalls, and the women wear black kerchiefs, black long skirts and white aprons. The residents--there are forty--include some very independent and able women who creatively make handicrafts on commission for area residents and family members. At least four sew constantly in their bedrooms, year round and make beautiful knitted, crocheted and embroidered items.

The community has a strong interest in Littletown Nursing Home; it is a major place of employment for Little City. The City Board is integrally involved with the nursing home and even voted on whether the activity department would get a $15.00 bowling set this year! Although it's sometimes difficult to get a doctor to visit, care is attentive and under the scrutiny of the Little City Board.

Activities and Reading

Organized activities are a recent addition. The activity director is a middle aged, highly devoted woman. Though, perhaps lacking in formal schooling, she lacks little in sensitivity to people, and their needs. She exhibited an unusual attentiveness including spending time regularly with the severely catatonic and mentally impaired. Her programs included assistance with the crafts produced, group exercises, parties and entertainment and the individual visits. Her failings, which she recognized, were in terms of programming for men or finding an outlet for their interests...an alternative to their boredom.

There were problems; the activity director had been a nursing assistant and did work cooperatively with other nursing assistants. However, with education, adaptive equipment, and some direction, she communicated the impression that she could find a way to build the program, given time and resources.

NLS Services in General

Talking Book machines were available. The activity director kept them in her office and controlled their use. She took them on a tea cart to the listeners' rooms -- sometimes when they asked or other times if they had not been "doing much lately." Some residents interviewed did not like having to ask her for the player or books, knowing she was visiting "more needy" people. She felt such control was necessary because the machine was "lent" to her. Neither she nor the residents knew about tape players. Repairs in this rural area were slow. There were many more users than machines and more interested and apparently eligible users than were being served.

There were no organized volunteer services. Expanded use would be dependent on more machines, assigned to users. A self-help program might work here. Germanic material might be particularly appealing. The director noted that older people couldn't really follow full books -- though some residents seemed to disagree.

Comments

Here, access to medical care was not lacking, nursing care was adequate (if unenlightened). The food, however, was unappetizing, dry and tasteless. There was a high rate of confinement (belting or containing) of the residents -- some who were mentally impaired and others just curious.

Key Words

Rural Intermediate Care (Small)
Staff Controlled Use

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CASE STUDY #11
MIDWESTON PRIVATE NURSING HOME

The Institution and People

Midweston is a family-owned facility and the major employer for the community. The nursing home is pointed out by local people with pride. The facility provides a combination of personal care, intermediate and skilled nursing -- all under a skilled nursing care license.

One would hardly notice the painted cinderblock walls with all of the decorative pieces applied to its surface: wooden objects, paintings, mirrors, bric-a-brac, and handcrafted items are all along hallways and throughout the rooms.

The home (according to residents, staff, and visitors) serves as an extension of the farming community church groups and provides a major meeting place for visitors who come to the post office, agriculture supply or general stores. Though proprietary, the administrators/owners reinvest their money into the facility as a responsibility of living in this small community and caring for their neighbor's parents. The nursing home is an extension of the owner-couple's home and shows off their hobbies and interests as well as those of the residents. Staff of all departments, except nursing, tend to have been associated with the facility for ten or more years.

The residents vary in ability; about half are fairly able, mobile and alert; and of these, half reside here because they could no longer manage their farms or households. The others are characterized by familiar disabilities: stroke, heart disease, fractures, and incontinence. This second group is kept in a separate part of the facility and heavily drugged. Almost all of these people are confined to rooms, often tied to chairs or in rooms behind half("Dutch") doors.

Activities and Reading

Activities are the mainstay and common interest of staff, residents, volunteers and visitors. In the "personal care" wing (serving the more able), one is struck by the warmth and industriousness of the residents. People are engaged in a cottage-industry of handwork in their own rooms or common gathering areas. Painting, weaving, whittling, sewing, quilting, knitting and crocheting were observed. These crafts appear to have grown from a community tradition -- they are not newly learned from the staff. In fact, residents advise visitors and staff on techniques and there is much sharing of ideas and discussion of upcoming projects. Many of the staff have known the families of these residents for years and are familiar with their handcrafts through fairs and bazaars. The products made by nursing home residents are still displayed at these events, and sold. The home holds its own sales with money being returned to the home or individual.

In contrast, daily life in the nursing care wing is quiet and without much activity beyond sleeping, bathing and eating. Even the lighting levels were kept lower. There are none of the personal touches on the walls or in bedrooms: white covers, white walls, white night-gowned people. Activities are not extended to the nursing care unit; it is felt that these people are too old or ill to participate. However, a third of them do eat together in the dining room after the more able residents have finished.

The activities director has been advised to work with the more able. There are no activities especially geared toward the nearly twenty visually impaired and two deaf-blind residents.

Reading is not viewed as an activity but as part of religious practice. People meet for Bible study and devotionals daily. There is no library, but the institution does have a shelf of large print Reader's Digests, devotional readings and donated books. These are occasionally read by four or so fairly mobile residents who come to the multipurpose living room and spend a few hours looking out the window and reading nearly every day.

NLS Services in General

One of the administrator/owners noted that she had heard of Talking Books; a machine once placed in the home by "an agency" was now stored in the basement because it was "troublesome." "We emphasize people-to-people not people-to-machine services," commented the administrator. Two of her staff (also in the lunch room where we were meeting) told her that Talking Books were helpful to people they had known and should be tried "sometime" again. They cited some residents who could no longer do craft work and might benefit having something of their own to be busy with. Later the administrator noted that she objected to tax money being spent on machines; she doesn't object to a library providing material but believes that she would want to purchase her own recorder "on principle."

She would be interested in anything that would work for the deaf-blind "where people can't get through."

Key Words

Aware of NLS/Machine Possessor/Non-User
Attitudes toward Government Property
Activity Emphasis on Able
Proprietary Nursing Home/Family-Owned
Rural Nursing Home
Alternative Activities to Special Reading

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CASE STUDY #12
NURSING HOME FOR THE BLIND

The Institution and People

This home accepted blind people as patients, but offered few particularly compensatory servicesor programs. In fact, it offered fewer services than those institutions which also had a few blind patients or residents and did not advertise this as a focus.

Nursing Home for the Blind serves over 100 people -- primarily elderly -- many of whom have lost their vision within the past ten or twenty years. Only one regularly reads braille; very few have been blind since birth. Most all would seem to be otherwise typical nursing home residents.

The facility had sections for the more able and sections for the mentally impaired. Social spaces and group gathering areas were at a premium. Many people ate in their rooms or scattered along the halls. The building was not well lit, given that many of the people it served did have some residual sight. But, then, the building was not initially constructed for the blind elderly...although it had been built as a nursing home.

There was no special mobility training, nor was there a regular physical therapy program; most vision impaired people were dependent on staff to leave their room or attend activities which were held in the basement.

Activities and Reading

The activities of the totally blind people were singled out and praised by staff; for example, weaving, painting, and crafts. The accomplishments and activities of the recently vision impaired and those who were partially sighted seemed to be of secondary importance. Their activities were more limited to having someone else (often a volunteer) play bingo on their behalf for prizes of soap or stockings. One or two felt boards and puzzles were available for use with the vision impaired. There was no evidence of a print (particularly large print) library collection and print books were typically brought by individual or families.

NLS Services in General

The activities director was not actively involved in Talking Book use or distribution. About 20% of the residents had record players -- most of these had been brought with them. There was no particular system of staff referral to special reading services nor of supervised or assisted use. An outside blindness agency continued to provide volunteers to assist the congenitally blind with ordering; many volunteers had known the congenitally blind for years. (The volunteers were willing to work with others but there seemed to be no staff support to facilitate this.)

The staff were not sure whether machines were originally individually assigned or deposit collections. Group listening was not typical, although some residents did informally share their materials with others by arranging to listen together. Most residents who needed assistance had not listened to Talking Books in at least two months. There was one braille reader, a source of pride to the staff, whose family, friends and library contacts kept him well supplied with braille.

Individual, self-reliant subscribers tended to be loyal, heavy readers for whom Talking Books provided the day's major leisure activity.

Comments

Staff did not convey much interest in vision losses. Few staff had special training in explaining vision problems. Perhaps the name of the home gave rise to residents' self-appraisal. A number of the residents were anxious about being in a "home for the blind," a few assumed it meant that they were totally blind.

The activities director was unaware of professional groups in either the blindness or nursing home recreation fields. She was learning primarily from the residents and occasionally from volunteers. Nursing staff and the activities department were not at all adjacent and staff cooperation between the two departments was not particularly evident; there were no organized activities for people who spent the majority of the day in their rooms.

Key Words

Nursing Home: for the Blind
Possession But Low Use
Facilitator: need for
Braille
Blind and Low Vision Elderly

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CASE # 13
OCEAN CHAIN NURSING HOME, INC.

The Institution and People

Ocean Chain conveys the impression of being large and competent. Offices, paperwork, decor, lights and even the ways people are paged on the PA all seem to recall the professionalism associated with hospitals. Ocean Chain is not unusually large (200 beds), but it does have a wide variety of staff. The facility is part of a large national "chain" of nursing homes and has access to consultants and specialists.

Ocean Chain is operated like a hospital; strictly differentiated role responsibilities are followed. Training is specific to each department. In most nursing homes, staff are more flexible and share information and even tasks such as assisting with transport, bathroom and some activities.

The resident population is quite old and there was much unsolicited concern expressed by residents about eye care. (The facility design may contribute to this: most of the social space is centrally located, poorly lit, and nearly 50 residents gathered at tables. Problems of one became the topic of conversation for many.)

Activities and Reading

Activities programs were run by two new staff, often working together and trying to develop splashy entertainment, marathons (a rocking chair contest to raise money) and social events.

Residents who had the ability, equipment and inclination were likely to do handcrafts in their room. Reading was also done in bedrooms. There was no central collections of print books (although magazines were stacked and available in several lounges).

NLS Services in General

Ocean Chain's long-term staff repeatedly noted that they had no Talking Books and that "the people are all senile." When we met with activities staff however, they showed us that the newer model record players had come recently to replace the old! The machines were available (though locked in the activity office) and typically used as background to other activities. The activity staff did not have ideas of how to use the machines and were not clear on the eligibility requirements -- the new models had been ordered before they started to work.

The activities directors also pointed to a collection of tapes and indicated that they were puzzled by why they were sent. Later still, we interviewed a woman with a tape player -- perhaps a deposit machine?

It was not possible to get a good estimate of the numbers of deposit users.

Comments

The residents of Ocean Chain were sheltered by staff; interviews were unusually hard to get. Staff would not really sit in, but kept interrupting the conversation. (This facility was accustomed to visits from outsiders, but seemed to be prepared for an evaluation rather than a visit.)

Key Words

Staff Stereotypes on Eligibility/Potential
Confusion in Machine Possession
Confusion in Materials

CASE STUDY #14
OLD HOSPITAL

The Institution and People

With some fresh paint and reassignment of rooms, Old Hospital was recently converted from a county hospital to a proprietary nursing home. This particular institution serves ethnic minorities--primarily Indians and some Mexican-Americans from all over the state.

The facility is operated on a very limited budget. Only staff involved with nursing, housekeeping and food service are available. They do their best to keep the nearly 200 residents warm, washed, bathroomed and fed.

Many of the older residents do not speak the same language and most of the talking is done by the staff. There is an effort being made by the staff to pick up on the cultural idiosyncrasies of residents, many of whom are from sub-cultures that do not mingle with certain other tribes. There are several different customs surrounding eating and religious practice.

Few of the residents were dressed in conventional clothing; most were in white "johnny coats" or naked under a swaddling of sheets. Perhaps a quarter were severely handicapped. Records on vision loss were not kept as such, but staff were aware of high prevalence of diabetes and suspected that there were many vision impaired individuals. Since many are unable to communicate verbally with staff, it is perhaps not surprising that staff members did not know the extent of their needs.

Activities and Reading

Another factor in the relative lack of information on vision capability of the residents might be the lack of any activity program and therefore the limited involvement in vision- or dexterity dependent, close-work tasks. (Typical close-work activities might include eating, dressing and the games and crafts offered by a recreation unit; here, people were fed and the other two options were not part of daily life.)

There was only one room with the possible appearance of an informal activity area; it was unfurnished save for a television and couch (though quite large enough for 25 or more people). It had formerly served as the hospital's visitors lounge.

There were no volunteers and few visitors beyond "government people." The community does not value this institution nor its residents -- according to the staff -- there were strong feelings expressed by the staff that the community did not want to have a facility predominantly for Indians in its Anglo midsts.

There were no reading materials provided by the institution or the library. But, the Indians typically had an oral rather than written history and language. A few disabled yet alert residents (who are Anglo-Americans) are bedridden and did describe themselves as spending much of the day with television or reading activities.

NLS Services: General

The person chiefly in charge, a nurse, was not aware of special reading services and had no opinion on their applicability.

Comments

A walk through the facility is depressing; people in wheelchairs line the walls, (queued up parallel to the handrail so that chairs take up less room) awaiting staff assistance in the bathroom -- almost in assembly line fashion.

Though the facility has needs for many services, there was high comradeship among staff, a good feeling of team-work, and no overt evidence of calculated mistreatment.

Key Words

Not Aware
Nursing Home: Proprietary
Indian Nursing Home
Minority-group Nursing Home
Non-reading
Activities: Lack of
Special Reading Services: Questions of Applicability
Care: Below Average

CASE STUDY #15
OLSEN'S HOME

The Institution and People

Located on a beautiful, evergreened hillside, Olsen's Home is a smaller facility than it appeared. One corridor stretches across the front of the V-shaped building; opening from this corridor are a series of two-person and four-person rooms. It is one of two facilities in a family operation. The head nurse has been replaced some four or five times this last year. The present director of nursing is enlightened and has, in her first month, weaned people from what she viewed as unnecessarily depressive psychoactive drugs. A higher than expected number of residents are "chair-bound" or spend long hours in seating or beds that do not move; wheelchairs must be purchased by the family (and are viewed as a status symbol).

Activities and Reading: Creative Service Integration

An activities director was just hired on a half time basis -- reassigned from the role of nursing assistant. The home has one dining area that is used for activities: performances, products (needed to be sold on the outside to gain money for the program) and for personal visiting and dining. Often the activities director spends her own earnings on crafts materials and has rented a bus to help get people outside for a ride through the community.

A local library sends one or two people a month to Olsen's home. They provide print books, light-weight paperbacks, large print, Talking Books and individually spend time with each resident who does not meet at the end of the hall for a movie that they bring and show. They identify newly eligible or potentially eligible readers and are praised highly by residents -- who didn't become interested in reading until after seeing the movies and the variety of selections (and reading difficulty levels -- according to staff). Lighting for reading is a real problem. Most people read in the halls where window and ceiling lighting are best.

NLS Reading Services in General

Staff are aware of the program machines that are available and need seems well attended to.

Comment

This home is lacking in basic care (we were freely told of numerous examples of neglect: poor food, skipped meals, staff alcoholism in the past, non-attending physicians, a fire, high absenteeism, lack of bathing, controlled telephone contacts, and excessive immobilization -- restrained in chair, bed or enclosed in room). But implementation of the NLS service has been sustained throughout various scandals and has provided -- according to one resident -- something to depend on. "The library and the bill both come at the end of the month...."

Key Words

Negligence: What is it?
Creative Library Staffing of a Continuum of Reader Services
Fulfilled Need

CASE STUDY #16
OUR HEROS HOSPITAL

The Institution and People

With the appearance of a castle or fortress, Our Heroes is a testimony to its own sound reputation and history. Well-organized administration, systematic record-keeping, and relatively abundant resources have characterized Veterans Hospitals nationally, giving them an edge on providing ancillary services as well as health care and recreation programs. The 400+ patient population is somewhat more diverse in age than other nursing homes and is a military affiliated, predominately male group. Unlike other nursing home residents, there is an unspoken aura of respect that surrounds the patient who has served in the military. Military institutions often are similar to each other, but different from nursing homes of a particular state or geographic area. Our Heros is larger and more heavily staffed than the other nearby institutions. (It would take more than one day to fully analyze this complex setting.)

The Our Heros Hospital staff are well-informed about each patient's physical and psychological needs and frequent staff meetings are held to monitor changes. A librarian provides reference articles related to any specific health condition and functional needs -- these articles are affixed right to the chart. Our Heros is well-prepared to work with the multiply physically disabled, with alcoholics, and with males (these groups are not well served by most nursing homes).

Our Heros Hospital staff typically do not meet with staff of other health care organizations in educational conferences or societies, but do interact with other Veterans Hospital Staff in their own conferences.

Activities and Reading

The activity program is characterized by outstanding community cooperation (the volunteers and guest performances are top notch), physical exercise, crafts, music, reading, listening, personal contact, and work-related outlets. But most activities are planned for very large groups and occur in an auditorium. Occupational therapy is available for people with strokes but does not extend to the vision impaired or hard of hearing.

It appeared that nursing staff might be most likely to use the program because they work on an individual or one-to-one basis. Continuing education, basic staff motivation, as well as space do not appear to be problems. The need is basically to work in small groups with the marginally able, older, impaired residents with the same fervor and motivation as is directed toward the younger multiply handicapped individual.

An extensive library with paid and volunteer library staff is available. Print reading is frequent -- though more common during evening hours, weekends, and when the facility's own radio station is not resident-operated.

NLS Services in General

The institution views itself as a hospital. Social workers are charged with referring men to special reading programs -- after their need for VA services has been fully determined. Most patients tend to use a demonstration machine or borrow a deposit machine from the library. Few start individual subscriptions to Talking Books. Many younger men listen to taped material -- some purchase cassettes of books -- but on their own conventional machines. Staff know about the NLS program but do not use it widely. A fair number of potentially eligible people were observed, but apparently do not pass more rigorous military criteria for impairment necessary to receive financial recompense and therefore are not viewed as candidates for Talking Books.

Key Words

Effective Screening of Vision
Military Institution Issues
Aware/Possess deposit (demonstration)
Potential and Interested Users Appear to Exceed Machines Size

CASE STUDY # 17
PLAINS NURSING HOME

The Institution and People

Plains Nursing Home is uniquely sponsored by the nation of Indians it serves. Located on the reservation, in a remote and rural setting, the nursing home is some distance even from the available (generally BIA-sponsored) community services. The home is distinctive from many other **Anglo-American institutions serving older Indians.** The decor, the food, even the Hogan (a round, ceremonial building adjacent to the facility) all reflect the culture of the nation.

Plains Nursing Home is compact; although quite modern, most bedrooms are for four people (larger than typical of newly designed homes). Its physical therapy facilities, dining area and lounge would be the envy of many facilities; the decor includes sloping ceilings and widespread use of wood and stone. Small lounge areas for visiting as well as expansive views of the all-important land are well integrated in the facility's design.

Services are completely integrated within the overall cultural tradition. There are apparently few tribal nurses, so Anglo-Americans provide the supervisory nursing assistance. Administration is heavily staffed, and almost exclusively Indian.

The residents themselves presented more observable health needs than other nursing home residents visited. There was an unusually high proportion of young male, vehicular accident victims, now diagnosed as para- or quadriplegic. The older residents had an inordinately high rate of vision impairment and blindness, great apparent need for dental care, and many health problems which nursing staff said resulted from lifetime neglect and unavailability of services. People were congenial. Many people spoke languages other than English.

Many nursing homes broadcast background Muzak through the loudspeakers, but most older people claim it only impedes hearing and few concentrate on it. At Plains Nursing Home, Indian chants were played on a speaker in a main lounge and closely attended to by many of the older people who were frequently seated on the floors. There was also a TV that was watched by several residents.

Activities and Reading

The activity room was really a small store room/office/ and sewing room. Raw wool is evidently prepared, carded and then used in some of the activity programs. However, we could not get a clear indication of how many residents actually participated in this; it appears to be very few, perhaps less than ten. Other activities were limited to large assemblages for Bingo, music, and dancing -- all recently added due to pressure from state regulatory officials. There was some discussion

about the possible expansion of the activity program, but the director of nursing was not sure how.

Organized individual activity was minimal, particularly for the vision impaired, deaf or immobile. There were many who spent the day in bed or in a chair. Outside visitors infrequently stopped by. Some staff said that community interest in visiting the old was minimal.

Spiritual life was integrated with nursing home care. Although there was some problem in paying for it, a medicine man can be obtained for healing sessions. Every four years, this nation's tribal members spend time with the medicine man in a ceremony described as a form of renewal. Often, the staff suggest, depression results as the individual senses this time is approaching and is unclear of how to obtain the medicine man's assistance. The facility provides the sheep, slaughtered as part of the ceremony.

The activities program for this facility should be addressed by those culturally familiar with the tribal customs and interests. We saw a number of indications of capability and social interest but little indication of reading, except among the younger disabled people.

NLS Services

The nurse in charge had heard of special reading **services but never considered** their applicability for this facility. There were no machines assigned to the facility and no library books -- but the tribal language is traditionally exchanged orally and not written or read. Listening is an extension of a well developed habit; reading by listening would perhaps be an appropriate way to introduce the NLS program to some of the people.

Younger handicapped were typically bi-lingual and appeared particularly receptive to special reading services.

Key Words

Limited Awareness
Not Possessors
Not Users
Special Language Needs
Indian Nursing Home

CASE STUDY #18
RESORT VILLAGE NURSING HOME, INC.

The Institution and People

Resort Village is an expanding family-operated nursing home. It has doubled its size twice in ten years. It is the only health care residence for some miles and the resident population is widely varied; some are middle aged though most are quite old; some are fairly able, but now alone,while others are severely incapacitated and bedridden continuously. Not all residents were initially from the village area (this was a frequent stop for honeymooners) -- some have now returned as widows. Visitations vary and there are very few volunteers.

Activities and Reading

The handicapped and severely vision impaired individuals had no alternative to sitting/lying and watching television until an occupational therapist (specially trained in geriatric and rehabilitation programming) was recently hired. Activities for the bedridden are still nill, but there is evidence of a thriving and varied program of group activities. The occupational therapist has secured administration support for a number of new rehabilitation programs (self-feeding, memory development, learning opportunities) and for volunteer-operated activities for large rooms.

Print reading was fairly widespread; most residents had library or personal books in their rooms; reading magazines and newspapers also was a common pastime. No one knew how to obtain large print -- though several residents said they thought it was necessary. Residents of this facility (which is in a remote location) seemed particularly interested in reading in late evening hours -- particularly since the local television stations cease broadcasting at about 11:00 p.m..

NLS Reading Services in General

Talking Books were unknown to the nursing directors and the occupational therapist prior to our correspondence. Within two weeks after receiving that correspondence, the occupational therapist had requested information from the Library of Congress and had also arranged for a visit from a local librarian. Her search resulted in her posing a number of questions to us on program operation details -- in an effort to make it successful. Early in the visit, she estimated that perhaps two or three people would be eligible. Later it became apparent that she was strictly applying vision criteria and she then commented that she wouldn't know how to determine the degree of impairment or who could judge acuity, etc. in her area. (We referred her to the regional library.)

The bedridden and handicapped individuals seemed particularly good candidates for the program; perhaps ten potential users appeared visibly eligible. A resident-to-resident program of volunteer assistance with Talking Books would not be inconsistent with this operation.

Comments

This facility was a good example of a small, highly effective proprietary nursing home with good potential for special reading services. It would have been desirable to have some explanatory materials for the energetic and curious staff -- a staff eager to begin the service and make it work.

Key Words

Proprietary Family Nursing Home
Not Aware of Talking Books
No Machines
Potential Users
Handicapped Users

CASE STUDY #19
RETIREMENT LODGE

The Institution and People

Located in the "promised land" for retirees, Retirement Lodge is a flourishing, non-profit multi-level care setting. It seems surprising that in a community of single family dwellings and snazzy apartments for the elderly, the small bedrooms (called apartments) would be popular at all. But, it is this level of care that is to be expanded at Retirement Lodge. Additionally, this home provides skilled nursing and intermediate care to over 100 residents.

Each of the levels of care of Retirement Lodge is managed by the nursing staff, fairly independently of each other. There are separate dining rooms, and the building winds like a maze. Resident-to-resident visiting among levels of care is limited. Most residents are middle income people from all over the United States. Children and families have not been permitted to buy property in the "Promised Land" and therefore family visitors and young people are infrequent visitors. Residents within each level of care seem fairly similar in ability covering the population from able to chronically impaired. Severely handicapped are typically cared for in a nearby hospital and there were few multiply handicapped elderly at Retirement Lodge.

The nursing home section is very quiet and there are few opportunities for people there beyond eating, sleeping, watching and conversing.

Activities and Reading

Retirement Lodge is distinguished by its volunteers. Some days they outnumber the residents! They provide transportation assistance, attend to small chores, and assist in large activities. However, mostly, they do as they please, and volunteering in the Nursing Home building does not seem to please many who prefer to be with the moveable, sociable and alert.

Activities are administered through a soft spot in the director's heart! She freely admits to a preference for working with the activities--generally, large group gatherings, lectures, and presentations by the many talented retired people in the community. There are also crafts and handwork. However, men are not well integrated into the program and nursing home residents are generally involved as spectators, if at all.

The activities coordinator is kept busy assigning the volunteers and providing a group activity for an hour each day. She does not make individual visitations nor provide one-to-one attention, but does schedule a weekly event for the nursing home section. Greater understanding of nursing home residents in terms of their potential will probably come only through association with facilities actually providing such a service to similar people. The motivation to have a good home is strong, though the understanding of the physically handicapped, vision impaired and mentally impaired is almost nonexistent.

Reading was not particularly evident except among those who live in apartments. There are books and magazines available, mostly through donation. But there are also so many other options, day-time reading levels may be predictably low for the more able. There was a library collection in the nursing home.

NLS Reading Services in General

There were a number of individual subscribers to special reading services among apartment dwellers. But, there was no deposit collection. Staff "knew of" the program (in that they could name a few users); but residents themselves were a better source of information on users. New readers were typically introduced to the program by volunteers from a blindness agency and/or Talking Books volunteer group. The group was not known to the staff; but, residents thought there might be a library service club. Most of the in-apartment individual subscribers had a community-based "buddy" who would call on them regularly. Buddies were not organized to serve the home as a whole.

Key Words

Retirement Center
Staff "Aware"
No Deposit Machines
Are Individual Users
Volunteer System

CASE STUDY #20
RURAL COUNTY REST HOME

The Institution and People

Rural County Rest Home is a major local employer and major provider of health care for the area. It has been located on the same site for 15 years, adding facilities as the population of elderly has increased. Residents are predominantly old; a few younger brain damaged children are also cared for. Wide variations in ability exist and drug use for therapeutic purposes is admittedly heavy.

Activities and Reading

The focus is heavily weighted toward nursing rather than activities. For the socially outgoing and group oriented, an active craft program exists. The activities are generated by two staff serving about 100 patients. Most take place in a huge multi-purpose activity space, with rows of long tables and surrounding work areas. This area is not used for dining. One staff member organizes the outside entertainment groups who perform on a very regular basis within the home. Another supervises the crafts, which are "bazaar-oriented,"--variations on yarn pom-poms, decorations and wide use of kits. A small clutch of people are involved daily in these enterprises, and the crafts leader sees herself as responsible for sustaining the quality and personally finishing products to assure their quality for the community bazaars.

A few people work on these projects in their rooms. The program is geared toward the mentally alert, although some participants are physically less adept, and must be matched with a task that results in an acceptable salable project.

Reading material is placed on a cart (stored in a back maintenance corridor) but is not particularly accessible, nor is it a focus of the program. There are some "self-starters" involved in occupational therapy tasks, but again, these are mentally alert people. In the main, people are in their rooms, in the halls and in the dining room.

NLS Reading Services in General

Staff know about Talking Books; there are machines stored in the activities room closets and placed in resident rooms. There appeared to have been users because the activities director had Talking Books listed in a notebook describing her program, which had been prepared for inspectors. Recent use of Talking Books had dwindled; the activities staff had not had time to take them to readers' rooms and the activities area was currently given over to bazaar activities and group events. The activity department staff did not seem aware that some NLS readers were not participating in group events and also no longer had access to special reading services.

Several residents were fully aware that they no longer had the Talking Books and either did not know why or had been told that there was no one to help them. There was one self-sufficient user who had run out of materials but indicated that she re-read an old one or "went on to other things."

Key Words

Possession Exceeds Use

CASE STUDY #21
RURAL SETTLEMENT FAMILY

The Institution and People

Rural Settlement typifies homes of underpopulated communities. A hardworking couple started the program in a modest wooden cottage. The present facility was one of the only brick structures in town. The facilities have the flavor of the community; one walks into a homelike living room rather than a business office. Family members and neighbors/friends are employed.

As with many facilities built by developer-construction firms in the mid-1960's, Rural Settlement had no real rehabilitation facilities, and activities occur in space claimed from a bedroom or in a multi-purpose dining room. Medical care is a problem. There are no doctors in any of the four adjacent communities.

Residents come from a wide area; about a third of the residents and half of the staff are from one of three Indian reservations. Residents are predominantly old and vary widely in abilities. There are also four younger people: one orphan with Down's Syndrome, one physically handicapped woman and two mentally retarded (or, perhaps, learning disabled) young men.

Activities and Reading

The activity program is relatively new. It is staffed on a part-time basis by two women. One, a nursing assistant, must still work at nursing tasks when the staff is short-handed. The other, a middle-aged homemaker, has no special training, but a great desire to do well. The activities at Rural Settlement are geared for people who use their hands and have good finger dexterity. However, many of the participants are in wheelchairs and have other disabilities. "Products" are the significant measure of activity program effectiveness. The products are typically miniature wishing wells made of popsicle sticks, decorative bells of styrofoam, beaded soap bars and other objects encrusted with inexpensive beads, or recovered in fabric. About eight of the forty residents regularly participate in this activity program. Neither the owner/administrator, the nurse, nor the activity director have much awareness of the potential of physically disabled or mentally impaired patients, nor do they have many sources of information or ideas about how to work with these individuals.

There are no library books and no institutional collections of reading matter. Visitors are infrequent (the facility's location is very remote); however, many of the caucasion residents receive letters. A few people subscribe to magazines, but for the majority reading is not common. Some one-third may not be able to read English.

NLS Reading Services in General

They have recently been contacted by "a government person" and provided with four Talking Books Machines (all cassette players); but, mostly they receive records. One woman is an avid listener who requested more information about young handicapped people. The owner will only allow one machine per room and controls use by regulating distribution of material. Residents report having to do extra chores or "be on good behavior" to get the newly arrived books. Sharing material is forbidden, but the residents have worked around this by gathering in one bedroom and listening with whomever has material. This type of administrative contol was not unique to Talking Book users, but applied to many programs of this institution.

Comments

The administrator did not appear to be controlling service access due to any perversity, but rather seemed sincerely to believe that it was her duty to "shape-up" these people. She had very little access to training except an annual conference where she learned about Behavior Modification.

It appeared that residents assumed that the administrator had to (and was within her rights to) exert such authority. There were few outsiders and key roles in the institution were filled by family members.

Key Words

Complexities in Estimating Usership
Controlled Access to Materials
Proprietary Family-Operated Nursing Home

CASE STUDY #22
SMITH HOUSE

The Institution and People

Smith House was originally constructed as a medical office building, but was later converted to a residence for about a dozen older people. One enters through an unmarked door (the building is also unmarked) to a warm livingroom/dining area. Two larger bedrooms, two small bedrooms, a small kitchen and bathrooms fill out the compliment of "facilities."

The house is not a nursing home, but rather a very small boarding home for elderly people. It is privately owned and has very recently changed management. The people are not unlike those one might see in a larger nursing home or even an apartment residence. Perhaps two or three are mentally retarded (there are no medical charts kept),and many again are in wheelchairs -- eating with some difficulty. The bedrooms are dominated by beds aligned in barracks-like fashion.

Activities and Reading

Life appears to focus around the television. There is evidence of some older magazines...puzzles...(almost as if they had been left from when this served as a medical office). There was little indication that these were used.

The one staff member spoke only minimal English and appeared to function much like a sitter or companion. Residents spoke English to each other, but though we had the feeling of being in the midst of a small living room in a private dwelling, there was no communication with us directly. It was not possible to determine whether the people had any vision disabilities; two appeared to have limitations in manual dexterity. It was also not possible to determine whether the residents read or knew how to read.

NLS Services: General

Unheard of by the staff member.

Comments

This is the type of residence which is quite common among adult homes operated in small communities. We visited a neighborhood nursing home and asked about this institution. Those staff commented that Smith House served people that could not really care for themselves, many of whom have been vagrants or without family contact. The key services appeared to be shelter and food. Special reading services seem rather more sophisticated than the setting itself.

Key Words

Adult Home
Non-users
Small Facilities

CASE STUDY #23
SOUTHWEST METROPOLITAN CHURCH HOSPITAL

The Institution and People

The hospital had a reputable eye clinic, primarily for diagnostic purposes; it also conducted a great amount of cataract surgery, offered extenive in-service education and provided basic rehabilitation services through occupational and physical therapy departments -- particularly for stroke rehabilitation patients.

Activities and Reading

This hospital, like most of the others visited, did not provide a patient library.

NLS Services in General

Staff discussed among themselves some collective memories indicating that there might have been patients who came in with their own Talking Book machines, but none were introduced to Talking Books by this hospital.

A special reading service, noted one administrator, is pretty insignificant to hospital management when compared with lifesaving equipment, monitoring systems and the other demands of doctors -- and all the more so because it's free! It's not that there would be opposition to the program, just that it is unlikely to be visible or prominent unless some "doctors got behind it or some energetic department took it on as a cause."

Staff from these various departments raised questions about the potential use of the program, for post-operative patients, for temporarily disabled, and for non-vision impaired. Most were surprised to read the NLS information sheets offered, suggesting that applicants would not have to be totally blind. The staff have been hired for a new psychiatric wing; despite the limitations in obtaining eligibility certification for psychiatric purposes, it was these staff members who expressed greatest interest in Talking Books or a similar program as a means of building up concentration and reintroducing their patients to an "intact world."

Much staff discussion during the interview focused on who might appropriately be charged with responsibility for such a program. The absence of a patient librarian was suggested as a probable reason why the facility was not currently involved in special reading services; no other staff had volunteered to take responsibility. The management of the program by volunteer services was not mentioned as a possibility by the dozen or more staff interviewed.

Key Words

Hospital
Non-possessor
Non-user

CASE STUDY #24
STATE INSTITUTION FOR THE CRIMINALLY INSANE

The Institution and People

Not all health institutions visited were focused on geriatric or physical health needs; State is a good example. Although perhaps a less popular cause than that found in other institutions, State provides a level of service that allows many other institutions to operate smoothly. State is a men's institution. It provides evaluation of mental competency for accused perpetrators of serious crimes, and in this sense, is a short-term evaluation/psychiatric unit. It provides on-going care for men who, perhaps due to their violence and/or mental status,cannot be cared for by nursing staff in other hospitals or who are a danger to themselves or others.

State is a full-security prison; there are small wards of varying degrees of containment. All are supervised by guards and guards either administer or assist medical staff in the administration of all medication.

The population group is primarily young, under 50, probably reflecting the physical prowess of this age group (says one administrator). Administratively, the institution does not receive the sympathy of the community nor of the state, because it is not a "miracle worker" -- most of the long-term occupants are maintained through their rigidly structured life style and environment. These men are not amenable to life in the community or in other institutions -- say the staff.

Daily life is mellow, peppered by the movement of people from one ward to another, or in and out of the facility. There is a catch-22 to life at State: everyone enters in the most secure and supervised unit, where, without medication, one is observed for a couple of days to a maximum of two months. Observations are conducted to determine mental competency -- either to stand trial or to determine mental status to complete a sentence in a hospital or prison, or to allow a cooling down period following behavioral outbursts which led to the transfer from another institution. At the most secure level, guards are prevalent. Time is spent in small, locked cells which can be furnished with beds bolted to the floor or a mattress, or not furnished at all -- depending on a man's violent behavior. Good behavior is awarded by better living accomodations and more things to do -- but may also result in return to the court, prison, or a less restricted mental institution.

Activities and Reading

Activites may include spending time in a workshop (determining what a man is capable of doing or for observational purposes), in sports, TV viewing, and a lot of reading. Religious material, adventure, law topics and sexually-oriented material are all popular. However, reading is sometimes done covertly in the more restrictive wards where men are trying to demonstrate *in*competence.("Reading is too 'normal,'" said one guard. "These guys don't take up reading until they're sure they can stay," said another.)

Literacy and ability to read English are big issues at State.

Until recently, the opportunity to be gainfully employed provided a major mainstay of the daily "activities," but recent minimum wage requirements have cut the number of jobs available without adding funds to keep the same number of men employed. As a result, on some of the longer term wards, men are now allowed to spend time decorating their rooms with posters or whatever; listening to stereo music or tapedecks is common. Outside volunteers do provide holiday parties; movies are shown and the men play occasional card games or other table games. Physical exercise is emphasized as a release for energy and sports facilities are quite good. At State, there is no one leader of any of these events. Guards on a ward might facilitate a table game. Social workers are involved in personal counselling; shop teachers are involved in that area; outside teachers provide some classroom training in basic learning skills; physical education is lead by several staff and volunteers; family members provide outside contact when they are available (some migrate to the town to be accessible daily to the occupant).

NLS Services in General

One administrator noted that in twenty years they had not had a blind person (probably referring to the totally blind) and he was fairly certain there were few who were handicapped. "If they are here, they are vigorous, strong-bodied, and unlikely to be at all disabled." Very few staff had ever heard of the NLS program or were sure of who would qualify.

Comments

With normalization of life for handicapped and vision impaired people, would we anticipate any changes to affect this population?

Most doctors on staff are psychiatrists. In this type of institution, noted one, there is a tendency to look for abilities and potential, not disabilities. Vision exams are not common, and are viewed as unreliable due to the purposes of the inmate versus the examiner.

Key Words

Non-Possessor
Non-Users
No Eligible Users
State Hospital for Criminally Insane

CASE STUDY #25
STATE SCHOOL FOR THE BLIND AND PHYSICALLY HANDICAPPED

The Institution and People

State School was formerly a boarding school for blind students from all over the state. Recently, the student residence units have been reduced as a result of more public schools providing education for the blind (mainstreaming) and this school's focus on providing its services for three years or less. The school has also expanded its programs and has a section for deaf-blind and a unit for multiply physically handicapped. Children in these two units tend to be younger (some are even pre-schoolers). Students in the residential portion for the blind are of two groups: older students nearly ready for graduation who have been at the school for most of their student life, and first to sixth graders who are here for a short span and will return to their communities. Most of the students who are blind are congenitally blind; about 20% are legally blind.

The school has media teachers who provide braille instruction. They also have a library with a number of reading aids; some of these are used as part of media classes or special training programs, use of other equipment is taught by the librarian or other students. The school maintains a very large collection of braille and Talking Books in its library.

The school has a number of options for students beyond formal classwork: physical education facilities, playrooms, service clubs, and community work/volunteer opportunities are all coordinated by the school.

There is a strong sense of family among students, faculty and houseparents ("too strong," note several students over lunch, "they predict us too well"). Students provide many services for each other, compensating for each others physical or educational needs.

There is much talk among the students about their common "greatest problem." Loneliness for family and other young people was mentioned by both houseparents and students as a central concern.

Among the older students, the questions of employment and future life after graduation were the topic of conversation. Students deliberated among themselves about their potential on the job market and the alternative of living on government support. Students discussed how several of their colleagues had dropped out of school or recently become less interested in pursuing reading and field placement employment programs because of the option of never working.

Generally, students were very interested in the topic of reading, of the future of braille, of mechanical reading aids and their technology and costs.

NLS Services in General

Nearly everyone of the blind students had two machines, usually obtained through the social worker by the time one was in second or third grade. Most had been taught to use them by the librarian and were further aided by other students -- especially in learning the intricacies of tape player use. Additionally, most students had one or more machines at home because it was a problem to have their subscription address changed in time to continue receiving material.

The older students did not use the Talking Books for class assignments. Younger students were supplementing some of their class reading, particularly history and geography, through Talking Book reading. Older students described a changing attitude toward Talking Books; it used to be felt that Talking Books were for pleasure reading and detracted from learning braille and from concentrating on homework. Some houseparents of certain cottages now required people to listen for half-an-hour every evening after dinner. (This was not taken seriously by the students who had other ideas of how to spend their time.)

Now the Talking Books are also being used in some classrooms. Their use is particularly evident with younger children and with some of the handicapped. Some of their teachers wish machines were more available, and have found that they are the only means for interesting hard-to-reach children. Some of these teachers described re-playing certain children's stories time after time to meet requests of the students. Machines are used in the classroom both for group reading and with earphones for individual reading (especially by the particularly fast or slow students).

Machines are also available in small listening rooms in the library. Students commented that they like the privacy of the listening rooms and the opportunity to listen without earphones. But, the librarian notes that library use is still very limited -- occasionally encouraged by class assignments. The majority of reading is for pleasure and the library is used primarily to pick up selections.

One of the library's major problems is cataloging selections and assisting students to get the material they want. Alternatives have been tried: allowing students into the stacks, trying to develop a card catalog, allowing student volunteers in stacks; each of these has had its problems.

Recently the school's library has begun to be used by the community. Some students have been taking classes in public schools making teachers and others more aware of this library's collection. The school has begun to keep a supply of large print made available through donations or provided by former students.

Braille materials are a problem: storage space and getting necessary materials on time are the greatest difficulties. A major task of the librarian is converting needed materials to braille -- particularly charts and maps. Often the teachers do not anticipate needs and without the aid of brailling services cannot meet the immediacy of the demand.

The librarian and students wonder about the focus of their school and their library. Rumors of changing the focus of the school have been continually floating about; the expansion of the library or media center has been contingent on the future of the school.

Key Words

School for the Blind
Students
Handicapped Children
Braille
School Libraries

CASE STUDY #26
SUN METROPOLITAN COUNTY NURSING HOME

The Institution and People

Although the majority of services in Sun Metropolitan are nursing-related, the facility is not a traditional nursing home. The population is widely diverse in age and psychiatric patients are cared for in conjunction with more typical geriatric patients. Services are also provided for multiply physically impaired (primarily quadriplegics). A day care program for adults is about to open.

Activities and Reading

The facility teams with activities, programs and groups, with volunteers and has a commitment to move people out of beds and bedrooms into individual and group pursuits. The activity director -- functioning perhaps more as a volunteer coordinator than a direct service provider -- has recruited people from the community to work with a wide range of activities, including special reading services.

NLS Services in General

Machines and materials are locked in a central storage closet with the print reading collection. Access is therefore limited and a resident really "must know about the stash" of materials and be able to locate a staff member with a key to utilize them. (The locked storage of books was initially done because of concern about leaving loose objects around that psychiatric patients might destroy or damage -- as the institution makes an effort to minimize restraints on people. But, as a result, both print and recorded reading are at a low ebb; people are dependent on materials from the family or outside sources and many of the county patients do not have regular or predictable access to reading materials as a result.

Creative Volunteer-Developed System for Record-Keeping on NLS Users

Sun Metropolitan has a "Talking Books Handbook," a looseleaf notebook prepared on the Talking Book Program. (There are no braille readers.) The notebook contains information on the resident, notes on the type of assistance needed with the equipment, preferences for reading material and records of selections ordered or made. It also includes notes of special requests, equipment requests and breakdowns.

The notebook shows painstaking devotion to and understanding of the personal needs of Talking Book users.

However, the system has its flaws in practice. The particular individual volunteer spearheading the program left to attend to a pregnancy. No one has been located to replace her. The information may be so detailed that it now "looks like work rather than volunteering." Currently there are machines but no deposit collection users, although one couple and a young handicapped man do subscribe as individuals.

Key Words

Controlled Access
Volunteer Recording System
Possessor of Deposit Machines
Currently Not a Deposit Collection User
Individual Users Are Present and Active

CASE STUDY #27
VETERANS RETREAT

The Institution and People

Veterans Retreat is a country retirement center located in a north central resort area. It is bucolic on the edge of a small lake, affords cottages and apartments as well as buildings for nursing and hospital care. As with other veterans retirement centers, there are programs here unlike any other in the state. The social services and nursing program are also well-equipped to afford basic evaluation and continuing health care.

Nearly 1,000 people -- mostly men -- are cared for. All have had some prior service connection during a declared war. Most are not from the vicinity but rather from all over the state. Many do not know each other. Regular family visitors are not common. However, the resort area makes it attractive for families to come and enjoy the area -- staying for a few days.

The campus looks like it could be planned for a real college. The site is dotted with reminders of the state's history, mostly combat related. There were a high proportion of handicapped old people, as well as blind elderly, according to staff estimates. However, a study specifically designed to access sensory impairments had not been conducted.

Activities and Reading

For the independent and able, an activity building offers bowling that will accomodate the wheelchair bound, a learning center, recording center, shops, crafts, workshops, repair shops, and beautifully appointed lounges. The volunteer network and program would be the envy of many a rural facility, including a full-time director, transportation corps, a volunteer training program, and task assignments and follow-up. Volunteers, staff and residents work in the activity building.

As the population has expanded, recreation facilities and opportunities for the able-bodied or more independent have increased. However, the needs of the nursing home residents for recreation and activities have been neglected, reportedly due to budgetary limitations. Most nursing home residents are dependent upon staff for transport assistance to activity sites.

Reading was fairly common at all levels of care; but among the more self-reliant there were numerous opportunities for continuing formerly developed pastimes and work. A library was provided in the activities building with reading tables, special lighting, small listening rooms and a wealth of reading matter. Reading matter was also regularly taken to the nursing home buildings on a portable cart. A large collection of large print was available.

NLS Services in General

A key administrative staff member was asssigned the responsibility for social and volunteer services and took a major role in coordinating volunteers for the Talking Book Services. He was also the liaison with the library. (No mention was made of use of other residents in providing special reading services.) He had a system of spotting eligible readers -- built into the admissions form -- and was working toward developing some information system where he would get appropriate updated referrals automatically, at least from the veteran's annual check-up. He felt severely vision impaired and physically handicapped readers were being well served, but that neither the "dramatically" impaired nor those in need of occasional assistance were well served particularly when volunteers dwindled. He wanted more imformation that would encourage volunteers and staff to teach the individual with greater patience. Lags in receipt of catalogs of new books greatly frustrated his ordering procedures and he felt it deterred him from initiating some "modern reading clubs" where print and non-print readers might discuss books together.

There were a number of individual subscribers. Conflicting figures on use resulted from counts made during the interviews. Available data on readers had not been tabulated or summarized.

Comments

In an organization this large, jobs tended to be divided among more departments. Each phase of service seemed to involve many people: sometimes librarians, sometimes nurses, social services, activities, etc. There were also very different perspectives on the value of and on the eligibility of people for special reading services.

Key Words

Possessors
Deposit Collections
Individual Subscribers
Volunteers
Eligibility: Determination of
Referral Process
Retirement Community: Military Affiliate
Library: Print

APPENDIX: PERSONAL PROFILES

The following eleven cases have been selected from over 200 people interviewed to illustrate various points in the text.

The names have been changed and the cross-reference to the facility has been purposely omitted to further conceal the individuals' identities.

All case studies are based on written and recorded accounts of interviews with residents and have been reproduced as accurately as possible, within the confines of protecting anonymity.

Personal Profiles are Presented in Alphabetical Order:

Mrs. Bankhead
Mr. Evan Britton
Candy Diamond
Mrs. Ida Emerald
Mr. Walter Finole
Mr. Rocky Garnett
Mr. John Gribbon
Mr. James May
Mrs. Ethel Opal
Mrs. Bertha Safire
Mrs. Maggie Smith

PROFILES OF INSTITUTIONAL RESIDENTS: #28
MRS. BANKHEAD

The Individual and Institutional Context

Mrs. Bankhead is a very old woman -- in her late eighties; the young recreation director at this small rural nursing home knows her well as the grandparent of a friend. Mrs. Bankhead has been at the home for almost eleven years. About nine years ago, she had back pains; initial visits to physicians indicated no reason for the discomfort. But seven years ago, after a massive stroke, it was determined that she was in the advanced stages of cancer of the colon, rectum and reproductive system.

Her Activities and Daily Life

She lies now in a hospital-like bed, alone in her room, facing an unsheathed window. Her weight must be less than eighty pounds; hair is sparse and white. She neither speaks nor sees well as the result of her stroke; both arms are contracted and she lies in the foetal position. Although she is repositioned by staff, there are no longer staff available to exercise her (they also stopped when she cried from the pain associated with the initial exercise programs).

As I speak into her ear, so slowly and...hopefully...with clarity, the activity director speaks softly to me at my side. "She used to love to read...did handcrafts...involved in church...been like this for so many years..children used to come to visit...but, they're old too.. hard to see her like this.. BUT, SHE HEARS US; she understands... she's given me signs...knows who I am..afraid when her arms are touched...always cold..."

Special Reading

Mrs. Bankhead cannot speak herself; yet, the activity director is convinced that she not only could hear, but her passing time would be greatly aided by Talking Books. "I'd put them on a low stool, at bedside. I did that one year. But, the man from the library for the blind, took them away, said there were others who needed them..."

Key Words

Usership: Questions About the Non-Alert/Non-Communicative Non-Users

PROFILES OF INSTITUTIONAL RESIDENTS: #29
MR. EVAN BRITTON

The Individual and Institutional Context

Evan Britton is very old, perhaps ninety (records of his birth do not exist). Staff find him difficult to communicate with due to his blindness. He has been placed on a heavy nursing care ward of the institution because he is blind, although he is not physically as incapable as many others on the ward.

He can be mobile, though is unsteady. He is somewhat hard of hearing. He seems to recognize light from dark and be able to detect motion. (His charts and records indicate that he is totally blind, according to staff.) He speaks quite clearly, though slowly, and is attentive to questions and thoughtful with his responses.

He was a farmer for many years and is proud of the the productivity of that farm.

His Activities and Daily Life

Mr. Britton spends much of the day by the window in his single bedroom. He takes all meals in his room because he is considered sloppy and a bad example in public areas should visitors drop by (say staff).

He used to listen to the radio, but finding stations has become a problem because "his fingers don't work as he instructs them." He has knocked the radio over or inadvertently poured his water glass on it and suggests that these don't help its sound. He has found the radio increasingly "wheezy" but still tries to concentrate on it because it is his "most loyal friend."

Special Reading

Mr. Britton has not heard of Talking Books nor of records that are made from books. He doesn't know whether he would use something like that; it is hard for him to envision such a thing, he says. He doesn't know where he would put it and asks what might happen if he dumped his water on the machine. He comments that when you cannot see you need help to find and move things, that you can try and place things in a special spot -- but whether due to worsening memory or staff moving things around, you never can keep track of what "isn't within reach."

If he had his choice, he'd prefer someone with time to talk. He wouldn't be against trying if "it wouldn't be held against him if it didn't work out." He'd also like his radio to be fixed.

Key Words

Nursing home
Vision Impaired
Hearing Impaired
Non-possessor
Stereotyped Ability

PROFILES OF INSTITUTIONAL RESIDENTS: #30
CANDY DIAMOND

The Individual and Institutional Context

Candy Diamond is about forty and has cerebral palsy. She cannot control her arms above waist level, cannot stand on her feet nor use her hands (one is contorted backwards in contractures and the other is normal appearing but not under her voluntary control). Her head rolls back against her electric wheelchair, but can be deftly used as an appendage thanks to her naturally jutting chin. "That and lots of practice," she says.

Candy was raised first in her household with, she says, overly protective parents. The family moved to be nearer an institution for crippled children where she received most of her formal education. Then, she tried living at home and alternately resided in several nursing homes. None of these options provided her with the independence she wanted. Through publications for the handicapped, circulated among her friends from the special children's school, she learned about new apartments just for handicapped people. Though the pictures in these seemed to emphasize those in wheelchairs, she remembers how worried she was that she would be judged too impaired to be independent. "A chance," she says, "I know when I cannot do something best only after I've given it a chance." She added, "Sometimes we surprise ourselves just like you do!"

She moved into this community of the handicapped about three years ago and hopes to live here forever. Though most people here have to work in some helpful capacity, Candy is privately financed by her parents. She would love to work, but comments that in her days of schooling they didn't teach much that anyone would pay her for.

(She is patient with my need to become adjusted to her speech. "Call me Candy...noone uses last names here..." sounds like, "all eee ah-nhdee ow-ow-ow-ow-unh all-sh-eeewezzesh ahalst ahmsh eere." I urge her to talk to me about anything for the first few minutes so I can adjust to her style -- it doesn't take long to acclimate.)

Her Activities and Daily Life

Candy has an attendant who does much of the food preparation. She tries to help as much as she can and participates in as many aspects of her own care as she is able, constantly urging those around her to let her try.

Her apartment is organized around her need for open area -- giving wide berth to her wheelchair. She can operate some switches and controls with her head, and has things laid out so she can "peck" at them with her chin or a baton she wears at her neck. Her ability to be precise in directing her chin or baton varies from day to day -- she laughs at the scattered belongings from yesterday's unsuccessful movements.

Special Reading

Candy is an avid user of Talking Books. She learned about them from a volunteer visiting a blind person in one nursing home she was placed in. She has a record player which she painstakingly operates with her chin, preferring the older model which has an edge on the player arm that she can lift with her chin. She has tried cassette players (her own; she did not know the library distributed them), but without much success. She doesn't know whether she cannot master them or they are prone to break. She has boxes of records and listens about eight hours each day.

Candy communicates with the library through a fellow resident because the librarians have not been able to understand her speech.

She says the flexible disc magazines have greatly widened her interest in and understanding of current events.

> *When my Dad comes, I tell him my opinions of the news or economics. He says, "where did you learn that?" I tell him, I read it myself in U.S. News and World Report. He has started respecting my opinions...listening to me. I have made him proud.*

She also notes, "People know not to bother me when I am listening to my Talking Books." It is hard for her to place the needle back in her spot -- or to find it again. Candy doesn't want to miss anything.

Candy wants to be a mathematician. She wondered if Talking Books could help her do that. She would like higher education. "Forty is not too old; I read about people who are going back to school at 65," she says.

Candy demonstrated how she gets a record from its pile to the player. I timed her; it requires about twenty patient minutes -- when she has good control over her chin movement. She is hampered by frayed straps on the packing boxes (and has cut her lip on the straps' metal tips). She has also been cut by the paper that wraps the records. Getting records out of the paper -- particularly flexible discs is a real chore due to the static electricity and the dexterity required. She discriminates between the first and second side of the record by the grooves -- she cannot see it otherwise. Candy has difficulty fitting the flexible discs on the spindle; they don't fall into place like other style records do.

After ten minutes, she stops. There is sweat on her brow from the effort and it is rolling into her eye. She laughs again and takes a brief rest to explain that she would put a record in her mouth but is very worried about contamination (illness is a great fear). "You probably want to hear that I am worried about the record," she laughs, "but a librarian once told me not to worry about that." She has the volume set by others and has to "live with that level." On her old player, she cannot manage the twisting motion necessary to operate the dial.

Candy completes her demonstration with a cheer. "I'm a lot better than I was," she says. When asked whether she has any advice for other users, she lights up. She praises the program, the materials, the opportunity and what it has meant to her to be able to read. She is worried about being in the program as a handicapped person, "it's really for the blind," she admonishes. She lost control over her eye muscles a few years ago and felt that this was "good for my eligibility." She seems concerned that she meet some standard for use, "we can be as good for the library as the blind," she says. She feels that more handicapped people don't use the program because they are afraid others will think handicapped people are trying to take something from the blind. But, Candy encourages other users whenever she can. "They say, 'If you can do it Candy, I can take a chance.'"

Key Words

Handicapped User
Non-fiction
Equipment/machine Design
Packaging/Mailing
Record Player vs. Tape Player

PROFILES OF INSTITUTIONAL RESIDENTS: #31
MRS. IDA EMERALD

The Individual and Institutional Context

Mrs. Ida Emerald is 75 and has recently moved to this religiously sponsored retirement community. She moved here because of a number of factors: widowhood, failing eyesight, difficulty shopping, and a heart condition. Her family was concerned about her being alone. Once she moved in, the activities director came by and asked her about her interests.

Her Activities and Daily Life

Mrs. Emerald told the activities directors of her joy of reading, being of service to others and her interest in church activities. Through the activities director, she met others with these same interests and spent a few weeks just getting to know people.

One of the women she met at a "social" also had difficulties with her eyes. Formerly, Mrs. Emerald admitted that she didn't like talking to people about her failing eyesight, "particularly younger people, because they nod as if they know it is because you are old -- it makes you feel very old."

Special Reading

Her new friend showed Mrs. Emerald her Talking Books. Mrs. Emerald described in some detail her first feelings about the program. She thought the tape recorder would be difficult to use, that she would lose the tapes or be nervous about keeping track of their due dates. But she kept hearing her new friend telling everyone else about what she was reading. "She read more than anyone who could see and it should have put them to shame."

Finally, Mrs. Emerald called the activities director and asked if there was a machine she could try for a few weeks. The activities director told her she could have her own, but Mrs. Emerald wanted to be sure she could use one first. She didn't want her name on a mailing list if she "wasn't going to be a good listener," she noted. She was able to borrow a machine from "the building" on a trial basis.

She described the slow process of learning where the controls were. It wasn't easy to unjam the tape, but she tried to teach herself because it "was a sign that I could be on my own." She commented that it took her nearly a month, trying every other day or so, to really feel comfortable with the process from selecting the books to working the machine. She had recently shared her ability with her son, whom she said was proud of her mastery of the cassette player.

She reads about three hours a day; but, sometimes may spend six hours reading on weekends. She wishes she could get certain magazines, but heard that that takes another machine -- and she's not quite ready for that yet, she says.

Mrs. Emerald thinks that others should be using this program, but that they are probably afraid, like she was. "I'd be glad to set them straight. I worry too much. It's all right to learn slowly and at your own pace, but it's not all right to go without this reading service. Reading is too important and you already miss so much when you're old and blind."

Key Words

New User
Orientation of New User
Cassette Player
Deposit Collection Machine as Demonstrator

PROFILES OF INSTITUTIONAL RESIDENTS: #32
MR. WALTER FINOLE

The Individual and Institutional Context

"Mr." Finole (I was the only one heard calling him that) is somewhere between 60 and 80. The older members of the staff who are "local" recall that he was always in the small town of Crystal... a farming town. He learned about animals, rapped with cowpokes, and generally learned about life from people who would come into town for church, supplies, mechanical assistance or respite. He has been blind as far back as anyone can recall and his other diagnoses are unclear. (Getting physicians to this home is a problem; getting assistance with chronic cases is pretty near impossible.)

Mr. Finole is hard of hearing but can be communicated with by speaking directly in his ear. He is dressed in farmer's coveralls and a muslin night shirt. He sits on a couch in a lounge as we meet. Mr. Finole also has a cognitive impairment manifested by aphasia...he whispers in one tone of voice a phrase and then changes voice and reiterates his points...much as one might when thinking a question out in advance of verbalizing it.

His Activities and Daily Life

Mr. Finole sits, talks to himself and walks around the building "getting into mischief," says one staff member. He is not a joiner but is nearly always in the company of others, notes another.

Special Reading

Staff have asked him if he would like Talking Books, but he cries out. Something appears to frighten him and as a result, staff will not recommend others to the program.

Comments

Mr. Finole has never been to school nor had anyone with him on a one-to-one basis. It is difficult to know what his potential might be; he is isolated. It is ironic that the behavior or interest of the institution's one totally blind patient precludes staff interest in making the service available to others who are eligible through different types of needs.

Key Words

Blind Non-User

depend on. "The library and the bill both come at the end of the month...."

Key Words

Negligence: What is it?
Creative Library Staffing of a Continuum of Reader Services
Fulfilled Need for Reading